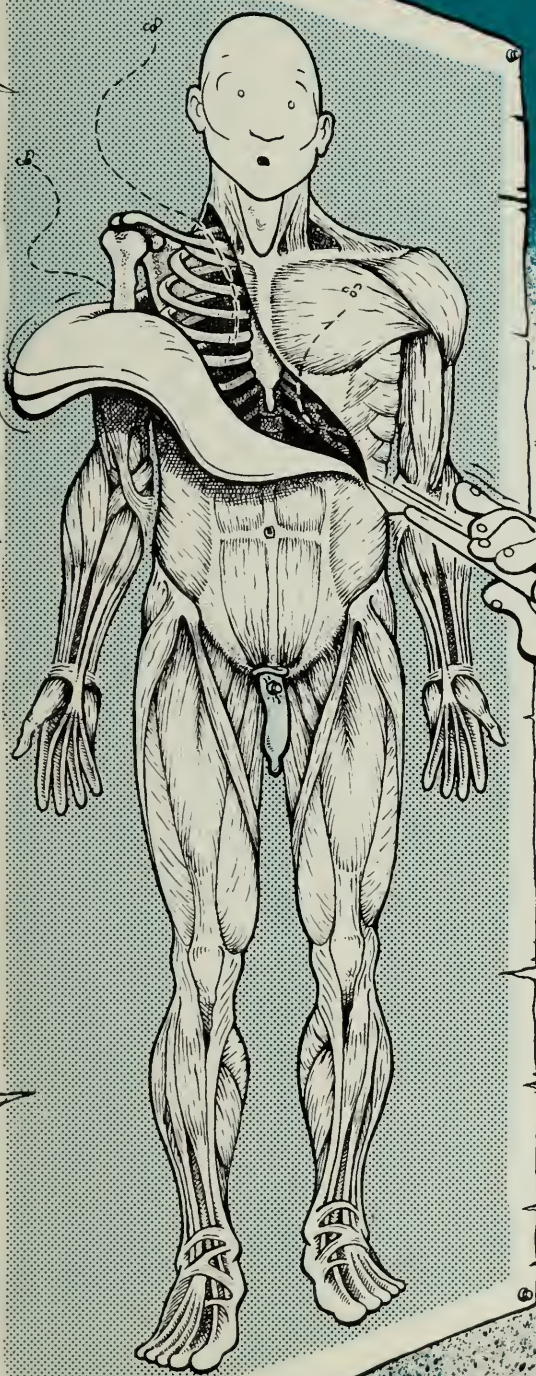


PROCESSED WORLD

20



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PROCESSED WORLD

Issue 20

Processed World, 41 Sutter St. #1829, San Francisco, CA 94104

Fall 1987

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Front Cover by: JR Swanson

Back Cover by: Dave Bread

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TALKING HEADS

Processed World is losing two of our most important editors, co-founders both—Lucius Cabins and Maxine Holz. They are leaving to strike new creative ground for themselves. The rest of us uneasily wonder how we're going to fill the gap. Maxine pushed to keep the magazine intellectually vital. Her attendance at meetings always charged up the discussion. Her articles—on pornography and sex workers, workplace actions, child care—have been on the cutting edge of the issues that *Processed World* is all about. Lucius has been our unpaid staffperson all these years—dealing with the mail, typeset-

ting 30 to 100 percent of every issue, taking care of thousands of administrative details as well as contributing toughly analytical articles, offering cogent opinions at editorial meetings, shaping the graphics of the magazine... Their departure raises structural problems for us, since a lot of tasks they took care of will have to be shared.

Processed World Goes Travelling

Lured by a friend who edits a local left journal, and harboring visions of new subscriptions and positive interactions with devoted readers, I arranged to have a table at a recent leftist "scholars"

conference in New York. It turned out to be a weekend of playing shop to an aisle of brain-dead academics. I managed to sneak away to a couple of the "cultural" workshops. It was interesting to see the same people who advocated listening to "marginal" voices, fusing art with political practice, stressing the subjective, the polyvalent, etc., completely not 'get' *Processed World*. I would have worried, except for the several people from "lower stations" who understood us on sight. You know you're doing something right when you go out into the street and the people there have a fuller understanding of what you're trying to do than the Official Interpreters. However, I did enjoy meeting some of the New Yorkers who contribute to

NEWS FLASH NEWS FLASH NEWS FLASH NEWS FLASH NEWS FLASH

Bike Messenger Strike in NYC???



In July '87, Mayor Koch of New York City announced that beginning August 31, there would be a 90-day "experimental period" where all bicycles would be banned from central midtown Manhattan 10 am-4 pm daily. Organizing against the "ban" originated in daily messenger and other bike-rider gatherings at a messenger after-work hang-out park. From there, 30 to 400 bikers have been taking a slow "work to rule" ride (i.e. carefully obeying regulations to fuck things up—stopping at every red light etc.) up Manhattan's 6th Avenue and then down 5th Avenue. One large march is planned for August 12. If the City gov't. doesn't respond we plan a strike on August 19 to be accompanied by direct action in the street during work hours. For an update call the Independent Couriers Association at (718) 499-7720.

—Bob McGlynn

the magazine and would have liked to pursue more substantial contact. I wish I had been less beaten by the ennui of the conference.

Dissection Lab

Let's take a rusty scalpel and cut into our Medical issue to see what's there. Lucius Cabins and Louis Michaelson lead off with **The Health Epidemic**, an examination of the non-sensical boom of the medical industry juxtaposed to a national preoccupation with health.

This issue squirms with numerous Tales of Toil. Nausea swells in Jay Clemens' **Blood, Sweat and Soap**, a look at the squishy insides of a hospital laundry room. Moving down the digestive tract, we locate another cause of ill health in **Work Sickness at the Health Factory** by Summer Brenner. Brenner straightforwardly describes the occupational stress that leads to one disease after another, ironically in the employ of one of the country's largest health care providers. This issue is further denounced in **Stress: A Social Disease**, a reprint of a 1983 Nasty Secretaries Liberation Front leaflet—a short, informative wave of anger. Bob McGlynn does a time and motion study of patient as worker in **Medical Merry-Go-Round** in the centerfold. The plight of the “medically indigent” is examined in **An Uninsured Tail** by Willie the Rat, who also suggests worthwhile precautions to take if you're not paying your \$70 a month to Blue Cross. **Would You, Have You, Did You** is about the use of medical monitoring equipment—lie detector machines—to authoritarian ends. Emerging at the other end, **Derailed from the Fast Track** recounts one woman's circuit from free spirit to tech writer to free spirit.

Wrangles over fiction have been causing a lot of lesions and fractures in PW. Ana Logue's review of W. D. Wetherell's *The Man Who Loved Levittown* provoked the most disagreement since the short story *Wenda* in issue 18. Some members of the collective felt that Ana was undeservedly harsh on our contributors. But Ana deplores what she considers the limited vision of much of our fiction submissions. She uses the

review to call for stories that “capture the horror and the humanity of the people behind the beige curtain.”

All in all, though, this issue shows enhanced vital signs. All three fiction selections are diagnosed as fictive distopias—but benign. **Debth** is a grimly funny vision of a future where one class of people sells body parts to earn pin money and another class buys them for status symbols. **Softcore** is an unsettling account of a doctor's encounter with a mysterious new disease. **Moral Data, Inc.** tells of a time when even art is evaluated in terms of computerized quantification rather than human response. So, patient, after your choice of one last enema, blood test, or spinal tap, you shall be released.

—Mark Leger

Processed World's Topic Wish List:

We thought we'd publish this list in the hope that some of you readers would like to submit articles for future issues. This list reflects what may become the basis for future theme issues.

NEXT ISSUE: Militarism/National Security/“Defense”

- Nurse and Doctor Tales of Toil, reactions to this issue, analyses of medical/technology issues we neglected here, etc.
- Mental Health Industry
- Urbanism/City Planning, transportation, “urban village” new exurban habitat, etc.
- Ecology, esp. Green radicalism, deforestation, etc.
- Travel and Leisure (including for example, service workers' Tales of Toil, working in the tourist industry, alienated leisure time, tourism and cultural “imperialism” etc.)
- And of course, we're interested in many other topics, too. Feel free to suggest themes...

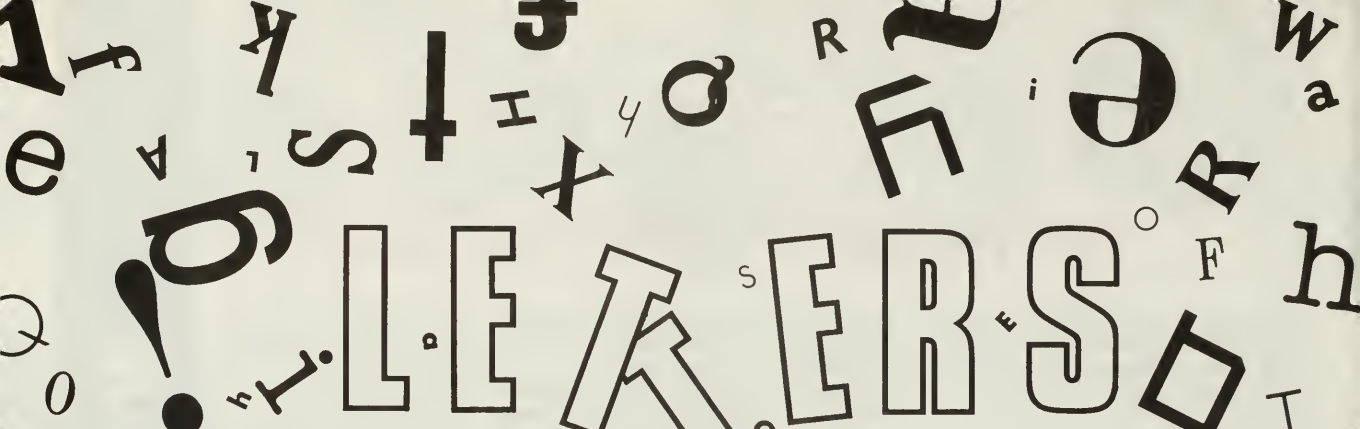
SUBSCRIBERS! If your label says 20 after your name, your subscription lapses with this issue—PLEASE RENEW NOW! If your label has a number less than 20, this issue is your last free copy—renew if you want to keep getting PW! Thanks!

PROCESSED WORLD
41 Sutter St. #1829
San Francisco, CA 94104, USA



Graphic by Mona Moore

WHO'S IN CHARGE HERE?



REPORT FROM PHILLY

Dear PW:

What a nice surprise to find #19 in my mailbox when I got home from work yesterday. I put in a lot of overtime (unwillingly, as somehow even the extra money doesn't make up for the lost time) but otherwise I'm still glad to be back in the real world. Philadelphia and the rest of the east seem more and more California, at least to me. There are sushi bars, flower boutiques, surfer sets, all without that particular California attitude though. I'm not sure whether there are fewer homeless people here than in San Francisco. I do know there are a lot of people sleeping, eating and living on the vents, even in summertime. I live in the middle of a downtown area, glacially gentrifying, with the usual downtown mix of transvestite hookers, ancient whites, students, strivers and the boom box generation. People do seem to care. Several women at work cook nutritious meals for the homeless, the whole thing coordinated by local churches. It ain't nothin' like New York, though. Have you ever been to the Port Authority Terminal? *Everything* is happening there, and it's happening all at once, all the time, to all the people.

It was good to hear that you'd gone to Vancouver [for the *Split Shift Conference*], that you've developed the nonprofit thing, and that you're planning more issues. I suppose you get the usual number of groans that *PW* is getting too slick. The fiction is definitely improving, and improving in an era of the nearly-dead short story.

Being back is still a treat, work the worst part of being here. But that would be the same anywhere. I used to miss the summer thunderstorms and the smell of the rain-washed streets, the east coast sensibility ("yo," as a greeting and goodbye) and the hustle generally. You can buy everything at discount here, so everything seems cheaper than in California. The streets are filthy and littered, lots of abandoned buildings. On the train going through North Philadelphia (the original ghetto, reputed to be one of the worst), the landscape looks ruined and depopu-



HEALTHY REACTIONS TO WORK



PAIN IN THE NECK



DIZZINESS



PAIN IN THE CHEST



SEVERE SWEATING

lated. Nearly all the heavy industry has left including the giant steel works. You can imagine what the sight of this does to my interior landscape. Maybe, as Bellow says, that life was never meant to last, although I don't know what he means by that. I'd rather that the affluence wasn't meant to last. Double-parking in Harlem is institutionalized now, and there are no lanes on the approach to the Lincoln Tunnel. Everyone just piles up and attempts to merge. In some places there's triple parking.

Best regards, B.C.—Philadelphia

A CANADIAN DOCTOR...

Dear friends,

Some of my poetry deals with my life as a member of the house staff—medical student, intern, resident—and some as a G.P. This is like graduating from slave to massa, and becoming a resident is like returning to slavery, and now as a G.P. again I'm back in the big house. It's very weird. The system of running hospitals with slaves by holding out the carrot of the big house later on is a system for keeping you a kid till you're thirty-five. I got fired from my residency after three years of killing toil (for addressing the staffmen with insufficient servility) and now as a G.P. they have to be civil to me or I don't send them any patients. And I have lots of referrals to make. The one fellow who was sweet to me when we were residents together (he's a specialist now) gets thousands of dollars a year in work as a reward. The rest get my abortion patients. Tee hee.

When I was a medical student I worked 40 hours a week plus up to 50 hours on call for nothing. I paid fees to the university. When I was an intern I worked 50 hours a week plus up to 50 hours on call for \$120 a week. When I was a resident I worked similar hours for about \$250 a week. This was in 1981. Now as a G.P. I work about 30 hours a week in the office and 12 to 50 hours of very light call plus maybe 10 hours in the hospital at night doing births, and I gross \$60,000 a year and take home \$27,000. What a system! The most weary-

ing, endless, stupid, heartbreaking, physically tough and emotionally deadening work has the longest hours AND is the lowest paying. Interns have to tell people their loved ones are dead, pronounce strangers dead, take responsibility for keeping desperately ill people alive, sweat blood over making mistakes that harm people, stay up all night as often as every other night, hurt people, frighten children, stick needles into babies, not eat, not sleep, and on top of all that, learn medicine or else—all for less pay than the mailroom clerks.

They grow up to be greedheads.

I can think of no better way to brutalize people than to work them like slaves by promising them plenty of prestige and money at some future date.

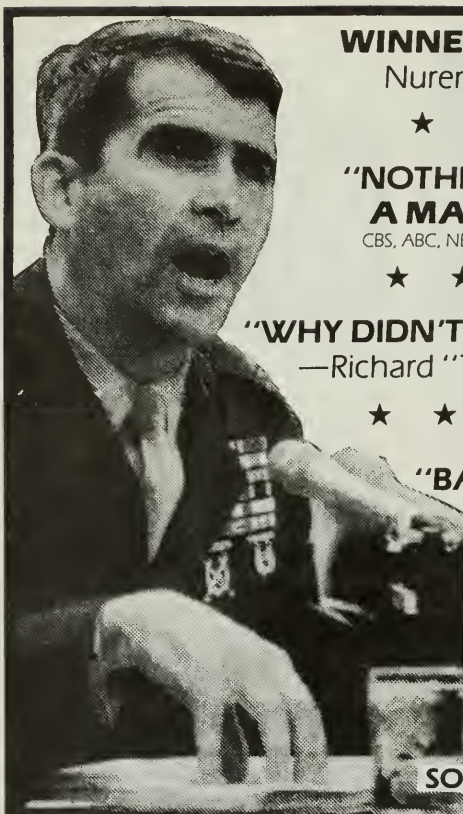
Canada doesn't have the final brutalization of private enterprise medicine. The province runs an insurance scheme with small premiums, taxes the citizens and pays the hospitals and doctors. Only the improvident few who neglect to pay their government health insurance premiums (when I was student it was \$5 per month—now it's about \$40) have to pay their bills directly. Every patient gets exactly the same care. In fact, we waste money, using overpriced antibiotics when cheap ones will do, because the patient doesn't get billed.

We doctors do, however, bill the provincial medical plan on a fee-for-service basis. This encourages greedheads to see patients as fast as they can, and punishes slow workers like me. I can barely get through fifteen patients a day when others see forty.

Recently there was a doctors' strike in Ontario. Allegedly they claimed they should have the right to set their own fees (meaning they wanted to be allowed to bill the patients a bit extra for each service). The people howled, and the strike was lost. Naturally, the people didn't want to pay rich doctors more. On the other hand, it's the old trade union truism...if what you have to sell is your labour, and your only employer won't pay you what your labour is worth, what do you do? Take what he'll offer? Year after year? Me, I don't believe in essential services...if the teachers are that essential, if society will be wrecked should they strike, why don't we pay them enough to keep them on the job? If what the cops and firemen have to sell is their labour and we consider that labour essential, why don't we pay them so much that they don't have to strike? And so I have always supported the nurses' strikes I was involved in, even when it meant I had to get up all night long to start I.V.'s and work eighty, ninety, 100 hours a week for less pay than the nurses got for forty hours.

When is a person so rich that he doesn't deserve a union?

yours, K.E.—Vancouver, B.C.



WINNER BEST STORY

Nuremburg Festival

★ ★ ★ ★

"NOTHING LESS THAN A MASTERPIECE"

CBS, ABC, NBC, CNN, C-SPAN, TBS, ETC.

★ ★ ★ ★ ★

"WHY DIDN'T I THINK OF THAT?"

—Richard "Tricky Dick" Nixon

★ ★ ★ ★ ★

"BAA..BAA..BAA-A"

U.S. Congress

★ ★ ★

"A REAL KILLER"

—William Casey

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BASED ON THE ORIGINAL STORY BY J. GOEBBELS

Original Theme Song "CRACK FOR CONTRAS" sung by Lt. Calley and Klaus Barbie!

'ICE-MINUS' SABOTEURS' COMMUNIQUE

Processed World:

We are proud to claim responsibility for the May 26 '87 sabotage of the Tulelake ice-minus experiment. Having exhausted all legal means to stop the test, we were left no choice but to take uncompromising direct action in defense of ourselves and our mother, the Earth.

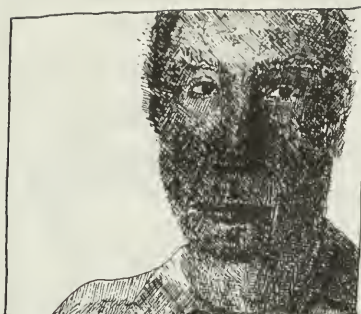
By laboriously uprooting several thousand potato plants in the dead of night, most of which were targeted for open-air spraying with the genetically altered bacteria on Wednesday, we have effectively halted (for this year, at least) the plans of the biotechnology industry to rush their little-understood product onto the market.

The determination of U.C. scientists in Tulelake (like their A.G.S. brethren in

Brentwood before them) to go ahead with the spraying in spite of the sabotage clearly illustrates that they're more interested in setting a precedent for open-air releases than they are in achieving valid scientific results. One cannot "patch together" the scientific method, and any test results at this point will be meaningless, despite scientists' assertions to the contrary.

Almost nothing is known about the effects of ice-minus bacteria on humans or the environment. Closely related strains have been known to cause disease in a variety of plants, and are reputed to affect the human immune system, though no studies have been done to confirm or deny this. One female lab technician who worked with ice-minus in Oakland has been repeatedly hospitalized with serious

Graphic by Jay Clemens



KEN JOHNSON...

sinus problems. Farmworkers will end up being the human guinea pigs if "Frost-ban" products are ever used commercially.

Plant pathogens like ice-minus can travel hundreds of miles by wind, and can reproduce normally like any other bacteria. We know nothing about its effect on cloud formation, the wintering cycles of other plants, or the hydrosphere. Ice-minus is disturbingly similar to the ice-nine of Kurt Vonnegut's novel *Cat's Cradle*, and we have no way of knowing that fact won't follow fiction.

Like nuclear power in the 50's, genetic engineering is being touted as a cure-all for a variety of society's problems. Yet like other high-tech "solutions" in agriculture, ice-minus and related products will benefit only the largest agribusiness concerns, and do nothing to help small farmers, much less feed people. A revolutionary change in our social and economic priorities must precede any successful efforts to feed the hungry on this planet.

Genetic engineering is just now emerging as a force to be reckoned with, and ice-minus is just the tip of the biogenetic iceberg. Scientists are also tinkering with human DNA molecules, and are proceeding with questionable research in the area of human reproduction. Using live tissue cultures and women's bodies as their testing ground, these mad scientists refuse



AND JUST A FEW OF THE PEOPLE WHO HAVE SCREWED HIM OVER

to look at the practical and ethical questions raised by their research. Unless people make a stand now against this foolhardy and unnecessary industry, a Pandora's box of genetically altered substances will soon be loosed upon the world, with unpredictable and potentially cataclysmic results.

If ice-minus is such a threat to humans and their environment, then how, you may wonder, did we justify exposing ourselves to the bacteria by tearing the stems from the spuds? Rest assured that we took tremendous precautions to limit our exposure to the bacteria, and to prevent its being removed from the test site.

The genetic engineering industry is only the most recent example of this civilization's (sic) drive to subjugate nature to its own ends. This world view has resulted in unprecedented attacks against the ecosystems we depend on for life. We need to evolve beyond the worldview that pits humanity against nature, and which is a product of the conjunction of patriarchy and capitalism.

We hope that our actions will be an inspiration to others who share our concern for the earth and our frustrations with the legal system, just as we were inspired by the actions of the Brentwood ecoteurs. No compromise in the defense of Mother Earth!

—Anonymous

BIKE MESSENGER TRANSIENCE

PW:

I read with interest "Work's Diminishing Connections" in the "information-age" electronics industry with its wandering workforce transiency. I consider bicycle messengers to be the street component of the geography of information-age work circuits. Until there's an affordable technology to replace us, we're the best bet to hurl letters, packets of paper, architectural plans, film, etc. across midtowns.

NYC messenger activists are getting constant reports of bike messenger industries popping up in major North American and European cities. It is a relatively new and expanding business (although I've read that Chicago has had a biking

scene for decades). What we share with the new electronics workers is the on-the-road transiency, lack of organization, a certain "independence" and relative easy mobility from one company to another.

Our transiency is quite wild. The *PW* article mentioned a 26% turnover rate in the electronics industry as compared with a 13.2% rate in workplaces as a whole. No one's done any studies about NYC messengers, but from experience I'd say a 70% turnover rate may be conservative. Reasons for this are dangerous and fatiguing conditions plus a complete lack of worker rights, since we're often technically "self-employed" and not "employees" (total bullshit—but that's another story). Another is that it's a wide open type job where one can more or less come and go as you please—and we do!

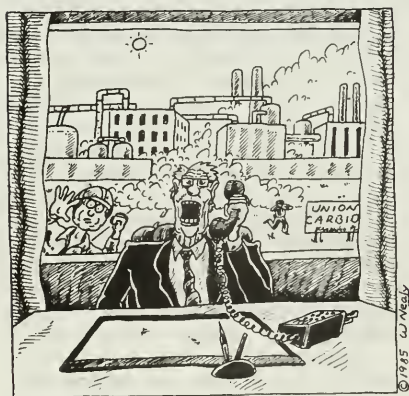
It would seem an impossible trip to organize. Almost, but not quite. For a few years now NYC has had the Independent Couriers Association (ICA). It's been successful by acknowledging the limitations of organizing; that there is simply too much apathy and transiency to keep a group going by being based on traditional shop rep, committees or unions. While the latter is a nice fantasy, for most of our existence we've been a city-wide group of individuals working for generalized causes. Our "wholeism" has also helped. While we've gone against the companies for not providing workers' compensation insurance, we've also hit the city for regu-

BACKWARDS LOGIC by Ace Backwards ©15



lating us and police harassment, plus we've linked up with groups promoting bicycling and alternative transportation/energy schemes. Our work in all areas gives us added purpose. While the transiency in the industry is reflected in the ICA—members come and go constantly—the ICA has hung on because a few interested people stick with it. So organizing among transients is possible.

The ICA would love to be in touch with other messengers or those that know of other messenger organizations. For instance we've made friends with Philadelphia bikers who said they'd write for our newsletter. In return we'll print them up



Gas leak! Quick, notify Legal!

and send them a batch.

212-662-4513

Rough Rider, ICA
POB 3137
NY, NY 10027



OPEN ENDED BLOOD
CYGNIFIES CRYPT TISSUE FLAP
LUST BLOAT STAMINA

INTELLECTUAL CATERING?...

Dear Editors:

I continue to be impressed with *Processed World*. I feel that it is an important effort toward elevating the level of social consciousness.

I believe "Ace Backwordsssss" letter in No. 19 hit the nail on the head. I tend to agree that the problems occurring within our modern society stem from spiritual bankruptcy.

I also believe that there is a danger in disassociating ourselves from the symbols we've created to represent the corporate monster. If we fail to see how we are related to the monster, then it is a simple matter to split it off from ourselves and believe that it is someone else's problem and not our own.

One thing that worries me is that *Processed World* seems to cater to the intellectual and as such merely vilifies the intellectual's own feelings of superiority. The question is: How can publications of this kind infiltrate the nonthinking sector and have any impact? Or is it realistic to suppose that the best any publication can do is suckle that small, elitist yet necessary group of people who bother to reflect and feel responsible? I don't have the answer myself so unfortunately I can't offer any suggestions. Maybe the important thing is just to keep people thinking and not worry about whether the affected group is small or large. Perhaps small groups do have an impact.

Good luck to you with future issues.

Best wishes, R.B.—Glendale, CA

Graphic by L.M. & P.M.

GONZO RECYCLINGISM!

Dear World,

I have come up with one teensy weensy part of one solution to the burning question of "How can I abolish the wage slave system, meet the needs of my family and get back at these bastards while on the job?" Well I, for one, take every opportunity, on company time of course, to read *Processed World* and compile mental lists of handy sabotage techniques just in case I get mad enough to use them. Sad to say, this doesn't happen often because, (un)fortunately, I like my job. They pay me enough, I work unsupervised, I eat food, drink drinks, listen to my music,

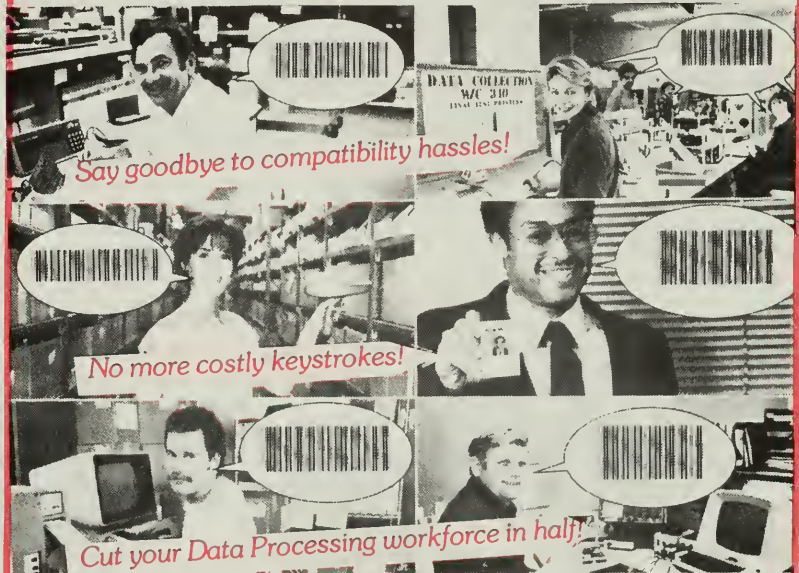
take naps, make small decisions, big phone calls and dress unfashionably. They love me.

I have also spent excessive amounts of time at work thinking about What I Want To Do With My Life. I've come up with a temporary solution that will not only remove me (sort of) from the corporate world but will also do some good for people-kind—I'm gonna start a huge recycling business. Now we're not just talking your typical passive recycling here, the kind you see parked next to Safeway or in some vacant warehouse lot, their meek little signs beseeching you to "please recycle". NO! This is gonna be Gonzo Recyclingism!

WE SPEAK DATA!

WHY WAIT AROUND FOR AI HOTSHOTS TO DEVELOP
"NATURAL LANGUAGE SPOKEN INPUT DEVICES"—
MACHINES THAT CAN UNDERSTAND HUMAN SPEECH?

Now there's a better way—
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MODEM-MOUTH eliminates circuit noise, especially non-work-related conversation! Your entry clerks and programmers can dictate data straight into the terminal! Your clerks and warehouse workers don't have to rely on temperamental bar-code readers!

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Available in FORTRAN, COBOL, PASCAL, and Assembly Language (recommended for senior programmers and analysts only).

CONTEK

People like you help us. People like us help our world.

We'll storm into corporate headquarters after dark, cornering trash and collaring wastebaskets where they gather most—by your desk! You lazy corporate types (if any of you have the sense enough to read this mag) won't even have to struggle with the moral dilemma of what to do with all of those empty diet (insert your favorite soft drink's name here) cans. And good news for those of you who already do recycle; no more messy heaps of newspaper on the back porch! No more stinky bins of bottles in the kitchen!! We'll barge right into your home and personally inspect each and every trash can—in your office, too! This is especially for all you Financial District types who think nothing of sacrificing the lives of 10,000 or more helpless little pieces of paper in the name of advancing capitalism. And if you act now we'll give you, free of charge, our

special child- and nuclear-resistant bins for those of you who still want to separate your rubbish from your rugrats...!!

This is the kind of stuff that occupies the more important spaces of my brain while the other cells house useless corporate America. Thanks for letting me share it with you all.

T.O.E., a wage slave, almost willingly

MORE ON POLES 'N HOLES

Dear Process Servers,

I've been reading and hearing bad things about your magazine for a few years now, so I recently decided to try it, particularly upon noticing that a recent issue was devoted to one of my favorite subjects (sex). So far, I like the "Chaz Bufe" piece best, except for the part about women exploiting men for money the same way men exploit women for their

bodies; it made me think that perhaps Mr. Bufe is ugly. And his point about white collar women not flirting with blue collar men I also found goofy. Why, here in Minneapolis, many of our bicycle messengers double as gigolos. Well, not really, but...I read in *USA Today* once that today's up and coming career gal, eschewing commitment because it interferes with career, *Does* indeed like to have one night stands with working class studs. So who am I to believe? *Processed World* or *USA Today*?

Anyway, I publish a small free paper here entitled the *Heathen Science Monitor*. Oh, I like the Holly Near date piece too, but I'm not so much qualified to say that because I know the author and I'd already read it in its original, more typographically modest, form.

That's all.

J.H.—Minneapolis

How to stop working and earn \$30,000 a year.

Leave it to The Good Colors People.

Become a Freelance Drug Merchant!

The State™ only requires that you handle the substances approved by the Department of Justice, Drug Enforcement Agency, and the National Security Council. Look for the President's signature on the package to make sure you're not handling *ILLEGAL* drugs.

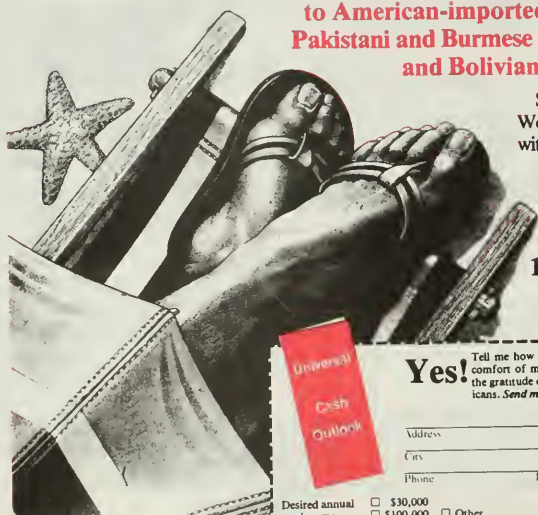
J U S T S A Y N O
to other syndicates

J U S T S A Y Y E S
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Pakistani and Burmese Heroin, Paraguayan
and Bolivian Cocaine.

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City _____ State _____ Zip _____
Phone _____ Date of Birth _____
Desired annual income ☐ \$30,000 ☐ \$100,000 ☐ Other _____
Send to: White House
1600 Pennsylvania Ave.
Washington, D.C.

STATE
You're in our hands!

Dear PW:

I read "Poles 'n' holes" by Chaz Bufe in the *Processed World* #18. I would like to offer an in-depth critique, but time does not permit. Here a few thoughts though.

First of all, "the number of reported sex crimes" in Denmark "dropped" because the statistics were tampered with (see p. 196 of *Take Back the Night*). Incidences of rape are thought to have increased. SEcond, it was largely the "Danish experience," based on highly questionable data, that led the Presidential Commission to conclude that "there was no link between pornography and sexual violence." Since when is an arm of the patriarchy considered a reliable source anyway? The patriarchs at the top alternate between suppressing sexuality and encouraging pseudo-"free" sexuality of the Penthouse variety. Third, while there are dangers in making pornography a central focus of one's work, there is nothing intrinsically wrong with starting work where one feels a sense of personal outrage and then pursuing the connections wherever they might lead. It seems that women are always being told what *they* do is a "diversion," but it's O.K. for male leftists and *Processed World* to focus all attention on slugging off the workplace, as if that were intrinsically more radical.

Fourth, contrary to Bufe, the anti-pornography movement is not one monolithic "thing." A woman I know uses those very same splatter films as the starting point for her work. Fifth, as anyone who's been "objectified" at work knows, objectification is not a "vague" and "metaphysical" charge any more than it's a vague and metaphysical experience. Objectification (of women by men, and of "subjects" by bureaucrats) predates the "bottom line" of capitalism by a few millennia, and, as Susan Griffin points out in *Pornography and Silence*, the grotesque objectification of women in pornography is an apt meta-

Graphic by Lucius Cabina

GENE-MART!

We lost our lease!

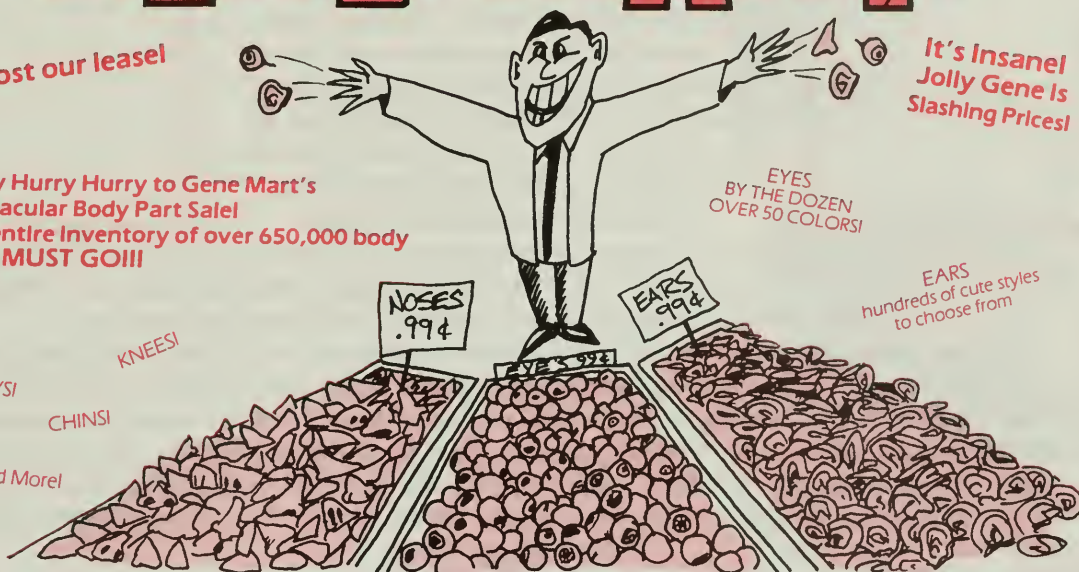
It's Insane!
Jolly Gene Is
Slashing Prices!

Hurry Hurry Hurry to Gene Mart's
Spectacular Body Part Sale!
Our entire Inventory of over 650,000 body
parts MUST GO!!!

EYES
BY THE DOZEN
OVER 50 COLORS!

EARS
hundreds of cute styles
to choose from

ELBOWS!
KNEES!
CHINS!
And More!



Graphic by Dave Bread

phor for the deeper malaise afflicting our culture as a whole. Sixth, while women have been socialized into the values of the culture just as men have and, as feminists, can be quite classist, it's a gross generalization to say that what all women

want is men with money. I feel badly for you if that's your experience, but it's certainly not mine.

Seventh, how can you generalize that anti-pornography activists are motivated by puritanism. The above-mentioned

friend isn't, nor is Nikki Craft, founder of the one-time California-based "Preying Mantis Brigade." Eighth, your assertion that pornography is, at worst, "harmless" and, at best, a means for increasing sexual pleasure, ignores the fact that men are profoundly affected by the view contained in pornography that women *want* to be the sexual playthings of men, and generally enjoy being used and abused. I'm not trying to argue any "slippery slope"—that using pornography inevitably leads to violence against women, but it is a known fact that *violent* porn (and, to one degree or another, *all* porn) legitimizes abuses against women and can, at times, serve as the inspiration for actual deeds.

Sincerely, R.H.—Toronto, Canada
p.s. apart from that, I found Bufe's article to be a somewhat useful contribution to an ongoing debate.

Dear PW-ers:

Nice mixture of desperation and defiance in the Sex Issue (#18). Chaz Bufe's piece ("Poles 'n' Holes") struck a nerve with its explication of the social invisibility of the minimum wage-earner, the best piece of rabble rousing I've read all winter. I talked my boyfriend into buying a copy, and while nothing he's told me of his reactions to it indicates that devouring *PW* makes us both feel dangerously sane, it sure helped pass the time as we waited for our blood test results to come back.

Sincerely, Squirrel Bates—Oakland, CA



Graphic by Lucius Cabins

The Health Epidemic

I live in San Francisco, surrounded by hospitals. There are two major hospitals within a few blocks of my Haight-Ashbury home. Within a two mile radius there are at least six more. Some are private, some public, some nonprofit and others for-profit, but all are in heated competition to keep their beds full and their machines in use.

We don't hear much about that reality — it's hard to get past the overwhelming health babble to examine "health care delivery" as an industry, an important part of the local and national economy, and a key area of capital accumulation, automation, and labor exploitation.

Instead we are inundated with "soft" health information in the form of regular newsletters from local hospitals, advice columns in newspapers and on TV and radio, and — increasingly — straight commercials. I like the one for fiber something-or-other with the guy who starts out: "I'm not an actor. Just a regular person like you, 30 years old.

But I had a heart attack." He's perfectly deadpan as he advises us to eat more fiber, especially Brand X cereal. (Later that night, on the news, "Bran Stocks Soar as Fiber Issues Explode!")

This media bombardment in the form of health advice illustrates two coexisting but seemingly contradictory trends: on the one hand, the enormous growth of highly competitive, hi-tech medical industry; on the other, the tremendous national preoccupation with health maintenance, a preoccupation partly based on mistrust of the medical industry and on anxiety about its spiralling costs.

HOSPITALS: MEDICAL FACTORIES

Hospitals were originally established between about 1880 and 1920. Almost all of these early hospitals were philanthropic in nature; they were often linked to medical schools in

order to provide students with the "raw material" on which to learn their craft. Doctors were private practitioners and still had a lot of competition from "quacks," that is, practitioners of other types of medicine.

After 1945, as antibiotics, new surgical techniques, and other innovations revolutionized western medicine, hospitals belatedly began to undergo the

"...By helping to discredit hi-tech medicine, alternative therapies have aided their own economic cause... and have contributed to a great expansion in the amount of health care that people feel they need."

same process that had overtaken so many other industries—mechanization. Only fifty years ago hospitals were health care “workshops,” where acutely ill or severely injured patients were brought to receive last-resort care—usually surgery, or else merely asepsis, anesthesia, food, and rest. The most expensive technology was probably the hand-cranked operating table or the autoclave that sterilized the instruments. Today, hospitals are highly diversified factories for testing, drugging, and operating on patients with a vast range of complaints, many of which were either untreatable or unheard-of a generation ago. The typical hospital continually sprouts new specialized wings, “centers,” and clinics, and invests in hundreds of thousands of dollars worth of new diagnostic and surgical equipment every year. Moreover, the care in many hospitals, especially giant chains like Kaiser, has a notoriously assembly-line quality; patients are shuffled from one overworked, harrassed technician, nurse, or intern to the next, like sides of beef in an automated slaughterhouse. So how did this expansion happen? Or, as a Bank of America billboard once asked: “Wherever did they get the money to buy that?”

As with so much of the so-called private sector, the answer, of course, is: from Uncle Sam. The federal govern-

ment has been, and continues to be, the single most important force behind the expansion of the medical industry. In 1965, the government created Medicare/Medicaid, which brought many previously uninsured people into the market for private health care. “Government spending, which had hitherto been concentrated in relatively small direct grants to public-health programs and public hospitals, skyrocketed and was directed to the purchase of care in the private sector. The programs included unlimited payments to hospitals for capital expenditures—a blank check for private hospital expansion” (Himmelman and Woolhandler, “Medicine as Industry,” *Monthly Review*, April 1984).

This subsidy to hospital corporations and doctors, which had the political advantage of appearing to respond to the militance of poor people, totaled \$48 billion in 1982, with another \$25 billion in tax exemptions for health insurance and non-profit hospitals. Most tellingly, studies of private hospitals in Oakland, Berkeley, and Boston found that every major private hospital received more than 60% of its revenue from government sources. (*Monthly Review*, op.cit.) According to the *San Francisco Chronicle*, hospitals made profits averaging 12 to 15 percent on Medicare patients in 1984 and 1985, a far higher rate of return than

Graphic by Lucius Cabins



THANK YOU MODERN MEDICINE!

(#14)

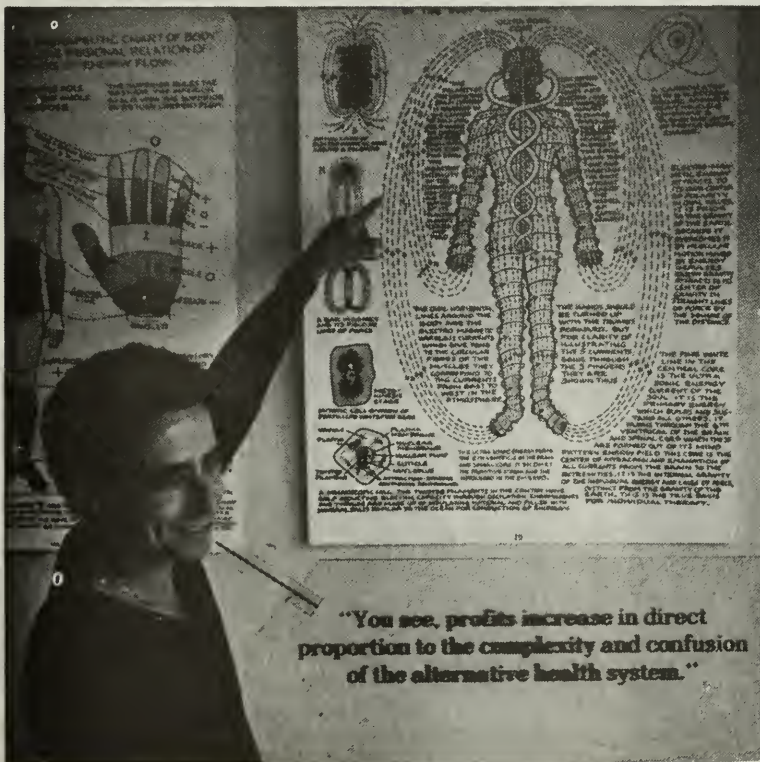
“Thanks to New Techniques in Bio-Surgery, I’ll never have another headache! And now I can bring my pet goldfish wherever I go!

before Medicare’s cost-control payment system began a year earlier.

Medicine, Capitalism and the Rate of Exploitation

Medicine’s most important function in capitalism was originally to improve and maintain the working abilities of the population.* Medical services were “wage goods” that workers paid for—when they could—out of their own pockets, or else received as charity. (The knowledge that one generally gets what one pays for helps to explain the extreme

* There is an ironic element to this analysis of the function of medicine: while it’s true that at the level of capitalist society as a whole, medicine’s primary function is to ensure the health of workers, the U.S. puts relatively little wealth into occupational health and safety, disability, and retraining. According to a March 1, 1987 NBC News special report, massive falsification of occupational accident reports is the norm throughout U.S. industry. These reports are the raw data used by OSHA to determine where problems are and where to inspect, and to gauge the relative safety of U.S. workplaces—and OSHA itself is being gutted. This is in keeping with the current trend away from any kind of long-term economic planning or social engineering and toward maximum short-term gain, otherwise known as corporate feeding frenzy. (See Dan Berman, *Death on the Job*, Monthly Review Press, for extensive documentation of these trends.)



“You see, profits increase in direct proportion to the complexity and confusion of the alternative health system.”

Graphic by Lucius Cabins

dread of illness, and especially of hospitals, among older working-class people. A few visits to the doctor were—and still are, for the uninsured—a severe strain on the budget, and the hospital meant probable death.) Medicine as a commodity was provided by self-employed artisans (doctors) rather than by full-scale capitalist enterprises. As the government subsidized medicine's tremendous expansion, however, it became a great *absorber* of capital, growing ever larger and more influential. Now other capitalists and the government have revolted and are beginning to insist that medical capital appropriate its share from individual consumers rather than from individual productive capitalist firms, from the parasitic but powerful insurance sector, or from the collective capitalist represented by the government.

The method for this transference has been to increase employee payment shares of company-sponsored health insurance. (91% of all corporate employees are insured through company health-insurance plans" (Regina Herzlinger, "Corporate America's Mission Impossible: Containing Health Care Costs" in *Technology Review*, Nov.-Dec.1985.). In collective bargaining around the country throughout the decade, wage freezes and rollbacks have not been uncommon, but

excerpted from **MEDICAL NEMESIS** by Ivan Illich, Bantam paperback, p. 5

Dorland's *Illustrated Medical Dictionary* 25th ed. (Philadelphia: Saunders, 1974): "Iatrogenic (iatro—Gr. physician, gennam—Gr. to produce). Resulting from the activity of physicians. Originally applied to disorders induced in the patient by autosuggestion based on the physician's examination manner, or discussion, the term is now applied to any adverse condition in a patient occurring as the result of treatment by a physician or surgeon."

"The study of the evolution of disease patterns provides evidence that during the last century doctors have affected epidemics no more profoundly than did priests during earlier times. Epidemics came and went, imprecated by both but touched by neither. They are not modified any more decisively by the rituals performed in medical clinics than by the those customary at religious shrines..."

The infections that prevailed at the outset of the industrial age illustrate how medicine came by its reputation. Tuberculosis, for instance, reached a peak over two generations. In New York in 1812, the death rate was estimated to be higher than 700 per 10,000; by 1882, when Koch first isolated and cultured the bacillus, it had already declined to 370 per 10,000. The rate was down to 180 when the first sanatorium was opened in 1910, even

though 'consumption' still held second place in the mortality tables. After World War II, but before antibiotics became routine, it had slipped into eleventh place with a rate of 48. Cholera, dysentery, and typhoid similarly peaked and dwindled outside the physician's control. By the time their etiology was understood and their therapy had become specific, these diseases had lost much of their virulence and hence their social importance. The combined death rate from scarlet fever, diphtheria, whooping cough, and measles among children up to fifteen shows that nearly 90 percent of the total decline in mortality between 1860 and 1965 had occurred before the introduction of antibiotics and widespread immunization. In part this recession may be attributed to improved housing and to a decrease in the virulence of micro-organisms, but by far the most important factor was a higher host-resistance due to better nutrition... Two things are certain: the professional practice of physicians cannot be credited with the elimination of old forms of mortality or morbidity, nor should it be blamed for the increased expectancy of life spent in suffering from the new diseases. **For more than a century, analysis of disease trends has shown that the environment is the primary determinant of the state of general health of the population.**" (Emphasis added)

THIS MODERN WORLD

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LATER, BILL'S BOSS TUNES IN TO THE 434-80-54023 MONITOR FOR A LIFESTYLE INSPECTION...



This is the concluding segment of THIS MODERN WORLD, a full-length work by Tom Tomorrow available from PW for \$3.



almost all union contracts have increased employee contributions to medical coverage. Health insurance premiums have doubled from the approximately \$75 billion spent in 1980.

"The favorite cost-control strategy of many firms has been to modify health insurance policies. In 1980, for instance, only 5% of the firms' employees paid a deductible of more than \$100 before insurance payments could begin. By 1984, 43% paid such a deductible... Similarly, 'in 1980 53% of employees paid nothing for health insurance, but by 1984 that number had dropped to 38% (*Technology Review*, op.cit.). Cutbacks in maximum coverage and services funded have also been widespread in the 80s. We can assume that these trends have continued since 1984.

Such changes are part of a drastic increase in the society-wide rate of exploitation—that is, the ratio between gross national profit and the cost of maintaining the workforce as a whole, including the unemployed and the "unproductive" such as housewives and children. Cutbacks in government programs for poor people (the "socialized" part of the total cost of maintaining the U.S. workforce) are widely publicized; however, "middle-class" workers have been experiencing the same process, first as wage freezes and cutbacks, and second, as increased health costs. According to

Ivan Illich in his brilliant *Medical Nemesis*, before 1950 it took less than a month's income to purchase a year's worth of medical services, but by the mid-70s this price had risen to 5-7 weeks' income on average. It must be well over two months' worth per year by now.

Furthermore, an ever-increasing proportion of medical industry activity is billing, marketing, recording, paying, and administrative overhead, said to amount to some \$78 billion in waste in U.S. health care system annually. "Part of the problem is that more competition will mean more such waste. Only competing caregivers require strategic planning, marketing and pricing overheads. Enduring mistrust between payers and caregivers multiplies record keeping for each" (Alan Sager, "Opiate of the Managers" *Society*, July-Aug. 86).

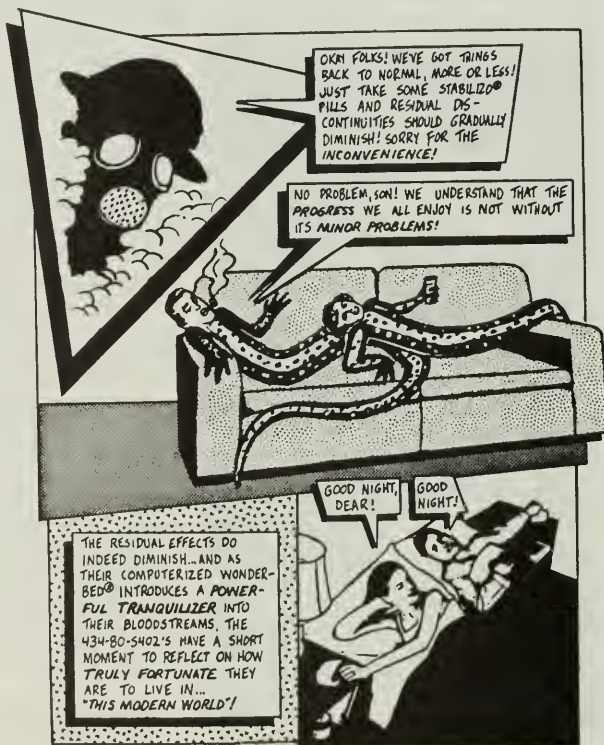
We are witnessing a free-for-all in the medical marketplace, in which shrewd doctors are creating ambulatory surgical clinics to take high-profit outpatient surgery away from much larger hospitals. It is comparable to an entrepreneur setting up a small factory to make specialty products that can be sold for a hefty profit, thereby wiping out a much larger producer who balanced some money-losing or low-profit but socially beneficial activity with the high-profit activity now taken away. Competition leads to amputation of unprofitable ser-

vices from profitable ones.

Concentration is bringing in more investment capital, leading to an increase in for-profit hospitals, ambulatory care centers, and plastic surgery and other strictly-for-the-rich medical services. It is also putting the financial squeeze on health workers (see "Kaiser Don't Care—SEIU Neither" in *PW* 19). Already, many hospitals are turning away indigent or uninsured patients, even when they are obviously in critical condition.

I Have Seen the Future, And It Doesn't Work

Not only is hi-tech commercial medicine engendering a bloated and unbalanced system of health care, but it is often ineffective and even dangerous. Illich points out that hospitals have a higher reported accident rate than any other industry except mining and high-rise construction. One need not entirely agree with his blistering condemnation of "clinical iatrogenesis" (in which remedies, physicians, and hospitals are the pathogens or "sickening agents"—see sidebar) to acknowledge the growing concern among even mainstream analysts about unnecessary medical practices running amok. "According to one Harvard medical school physician, at best only about 30 to 50 percent of health care



cont'd next page

services are effective, and the rest border on unnecessary care" (*Technology Review*, op.cit.). In fact, there is no national system of evaluating medical practices. The Food and Drug Administration oversees, to some extent, the introduction of new chemicals into general use; but doctors, through the American Medical Association and professional associations in each state, are left to regulate themselves. They jealously guard this privilege by intense lobbying and by howling to the media about "creeping socialism" whenever an upstart legislator tries to introduce some government oversight.

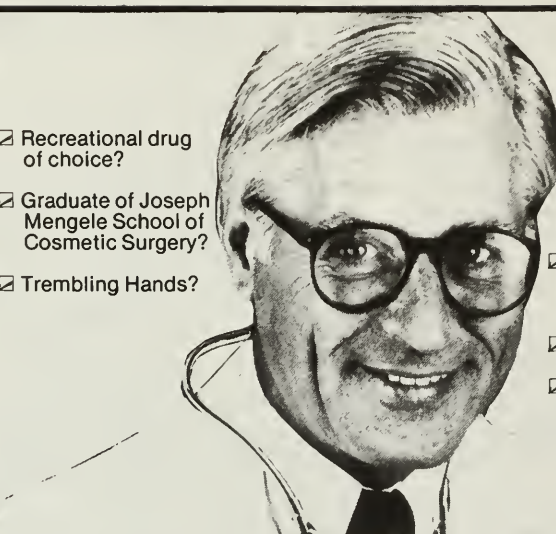
In his *Society* article, Alan Sager says, "We should cut clinical costs by identifying what care works and what does not... we could make rapid progress... if we devote a fraction of the money now wasted in processing health insurance claims to studying what works" (*Society*, op.cit.). Regina Herzlinger makes a similar point in her *Technology Review* article: "Files on insurance payments are massive, but they are organized to facilitate payments rather than to identify patterns of use."

Health Care Alternatives, Limited

Given that "modern" medical techniques remain largely unevaluated, it's no surprise that alternative health care has attracted many people. Since my early



- ☒ Recreational drug of choice?
- ☒ Graduate of Joseph Mengele School of Cosmetic Surgery?
- ☒ Trembling Hands?



- ☒ Malpractice insurance coverage over \$1,000,000?
- ☒ Psychotic Profile?
- ☒ Can he see?

**Before you have plastic surgery,
give your doctor a checkup.**

Graphic by Lucius Cabins

adulthood in the mid-70s, my friends and acquaintances have been seriously concerned about their health. They have spent countless hours dutifully exercising and studying nutrition, self-help health practices, macrobiotics, or yoga. Many have also turned to acupuncture, chiropractic, homeopathy, and numerous other "health care options." This pursuit, shared by millions of Americans, may be partly an attempt to gain control over an out-of-control life. It is also cheaper and often more effective: you don't need \$250,000 machines to create or administer Chinese herbs, and limiting your intake of saturated fats is undoubtedly better than bypass surgery. However, I am not concerned here with the efficacy of any particular alternative therapy or preventive practice. My intention is, rather, to suggest a paradox: the possible contribution of such therapies and practices to fueling the demand for health care in general.

The strange fact is that despite the enormous growth in self-care, the market for medical services has not shrunk. Instead it has grown by leaps and bounds. By helping to discredit hi-tech medicine, alternative therapies have aided their own economic cause, undoubtedly benefitting thousands of people in the process. However, they also have contributed to a great expansion in the amount of health care that people feel they need.

Moreover, much of the people-before-profits philosophy that informed the

early alternative health care movement was lost in the rush to develop and offer workable alternatives to hi-tech hospitals. The critique of health as a commodity, never very well developed, evaporated entirely as holistic entrepreneurs put up a supermarket of alternative therapies. Many became rich in the process.

The range of choices in this therapeutic supermarket is directly affected by insurance companies' willingness to fund specific treatments. As alternative health options have gained in popularity, medical insurance has branched out to provide limited coverage for acupuncture, homeopathy, chiropractic, and so forth. Insurers recognize that *any* medical therapy, regardless of actual efficacy, is a source of profit as long as premiums stay ahead of insurance benefit payments.

Others who are profiting from the health boom include manufacturers of vitamins and other dietary supplements, suppliers of exercise clothes and equipment, and makers of "natural" foods. Meanwhile, as usual in this society, form has overwhelmed substance. Factory-farm eggs tinted brown to simulate the free-range product of yore are sold in every supermarket, and even sugar-laden granola bars are now marketed as health products. There is no evidence, moreover, that the consumers of all these "healthy" products are any less likely to head for the nearest clinic or hospital when something goes seriously wrong.

This may be partly because the health-

PATIENTS AS PRODUCT LINES

The privatization of publicly funded (through Medicare, Medicaid, and Blue Cross and other "voluntary" insurance programs) health care may turn out to be one of the most socially damaging legacies of the Reagan administration. It has forced hospitals to be run as profit making institutions with one eye on the product line (in this case, patient care) and the other on the bottom line.

In that halcyon year of voodoo economics, 1982, the State of California decided to control rising health costs by making hospitals more competitive. To this end, it passed legislation that required hospitals to bid competitively for the privilege of being MediCal (the state's insurance plan for the medically indigent) providers. The bidding was on a per diem rate with collateral costs, such as x-rays and lab tests, averaged in. Only those hospitals whose bids were within the state's guidelines would receive MediCal reimbursement.

This legislation also allowed insurance companies to offer Preferred Provider Organization (PPO) contracts. Under the PPO system, a hospital agrees to charge the insurance company a special rate for its clients. In return, the insurance company more-or-less guarantees a certain volume of patients to its preferred hospitals. It does this by charging insurances a larger proportion of the hospital bill, if they choose a non-PPO facility.

For the hospitals, the new economics meant a change in the way they do business. Before a hospital cuts a deal with an insurance company, it must figure how much it costs to treat certain groups of patients (coronary bypass, maternity, trauma, etc.) and how much it can charge and still remain competitive. What the insurer is later billed depends on the predetermined amount assigned to each diagnostic group irrespective of the actual cost of a particular patient's treatment. Simply put, the hospital receives the same amount for treating a broken leg whether three x-rays are taken or four.

Since some diagnostic groups—or product lines—are more profitable for a hospital than others, hospitals try to make deals with those insurers whose clients needs are most compatible with their optimum 'case-mix'. (A case-mix is the per cent of patients in each diagnostic group a hospital treats.) Hospitals, like any manufacturing or retail operation, must provide a range of goods and services with the more profitable business lines financing other less profitable, but still necessary, activity. The ideal case mix varies from hospital to hospital,

like the ideal product mix varies from store to store. (Some lines—like burn units or furniture—use up so many resources that they are rarely profitable, while others—like birth centers and sportswear—are proven moneymakers.) If, for example, a hospital makes more money on coronary care than trauma cases, it may decide not to do business with an insurer who has a lot of young people on its books who are more likely to be in car or sports-related accidents.

Still, hospitals can not always pick and choose their patients. If a patient's costs run over what the insurer has agreed to pay, the treatment comes out of the hospital's profits. There have been published complaints from doctors and nurses who feel that patients may be discharged too early because of pressures from hospital administrators to cut costs. Perhaps, the threat of a malpractice suit is the patient's only defense against cut-rate treatment. Meanwhile, hospitals spend huge sums on public relations and advertising in order to fill their beds. The situation is not unlike a restaurant that would rather serve three parties at a table during the dinner hour than have one party linger for the whole evening. As they rush the first group of diners out the door, they are busy scouting for new customers.

The PPO system works, but probably not in the way it was intended. Hospital and insurance costs have not gone down, but the hospital industry is thriving judging from the expansion of existing facilities and the increasing number of for-profit institutions like the Humana group. As it was explained to me when I interviewed for a job in the data processing department of Seton Hospital in Daly City, even not-for-profit hospitals run by nuns have to act like profit making corporations in order to survive.

If health care can be privatized, why not the educational system through the use of school vouchers, as some have proposed? (I can imagine schools contracting to teach the 3 Rs to students they considered teachable, with the rest being consigned to the educational equivalent of the county hospital.) The public schools are a disaster, not because they are supported by the state, but because they are so poorly supported; still most people would not want to see education put entirely into private hands. Isn't medical care analogous to education? Finally, the question is do we want the quality of our hospital care to be influenced by some corporation's bottom line?

by Ana Logue

care industry has also exploited wellness ideology with great success. The critique of hi-tech hospitals pre-dates by more than a decade the current attempts to curb hospital economic growth. Alternativists of the 60s correctly argued against the unlimited application of drugs and machines to treat disease. But as their medical "less-is-more" message seeped through the general population, it also blended nicely with the medical industry's need to cut costs and diversify. Astute health care corporations are de-emphasizing capital-intensive diagnostic and curative services in favor of "health maintenance" centers and clinics for every conceivable subgroup of the population—pregnant mothers, nursing mothers, women in general, infants, children, older people, athletes—and for various parts of the body—the breast, the foot, the back, and so on. How long before we see the Midlife Woman Executive's Toe Clinic, or the Sporting Father's Elbow Center? And how much illness or injury do such centers and clinics really prevent? True, some cancers and other problems are best caught early, but the preventive care mystique is clearly being exploited by the medical industry in order to keep healthy people passing through its doors.

The alternative health movement has ended up reinforcing the system it set out to transform. Its objections to orthodox, drug-and-machine medicine have both provided an ideological cover for shifting health care costs back onto workers and opened up new markets in corporate-style preventive care. More profoundly, the failure of the alternative health care movement to develop and popularize an



Graphic by

Mars

analysis of the *social* causes and treatment of illness has fed into the continuing substitution of paid services for human community.

The Social Psychology of the Service Economy

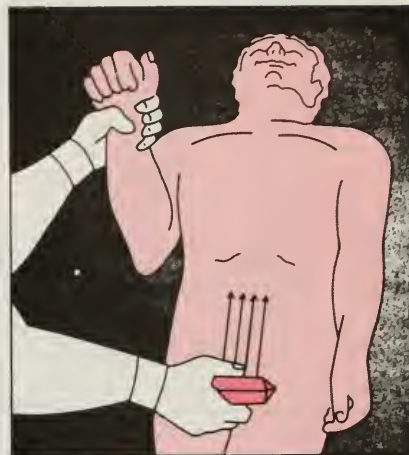
In the simple act of going to the doctor, people reproduce an elaborate and ideologically loaded set of social relations: The *patient* has an *illness*. The *doctor*, the expert, will define the illness by objectively *examining* and *testing* the patient's *body*. The patient or her *insurer* will *pay* for this *service*. The doctor will then treat the patient's illness, often by *prescribing* drugs manufactured by *pharmaceutical companies* that the patient must *buy* from another expert called a *pharmacist*. These roles, actions, and definitions are not "natural." Calling them into question provides a window onto the psychological and structural transformations that have accompanied the rise of the service economy.

This rise has meant that more and more of the things people once did for themselves are now being sold to them by corporations or independent professionals. Health care is among the most glaring examples. Today, most people have abandoned home remedies for over-the-counter drugs and/or a visit to the doctor, who often authorizes pre-

scription drugs. If the doctor runs tests, diagnostic machines get used, thus helping to pay their amortization cost. And behind the doctor and the clinic or hospital she probably works for stand the multinational pharmaceutical companies, the "med-tech" equipment builders, the genetic engineering firms... It's a classic example of the Invasion of the Marketplace.

As the service economy pushes its frontiers outward with the shock troops of advertising, most people come to see their problems as individual predicaments to be solved by purchasing the right product or service. They have less and less confidence that they can solve their problems themselves or with the help of friends or family. This lack of confidence in turn legitimates the expertise of the professional who provides the purchased service. Lack of confidence, moreover, is exacerbated by lack of time, as long commutes and unpaid "salaried" overtime further eat up the day, and by lack of human support, as atomized suburbs and rootless, neighborless urban "neighborhoods" isolate their residents.

More and more areas of human endeavor and interaction are falling under the sway of the marketplace. A commonly cited example is the ever-growing use of the courts—and therefore of lawyers—to settle disputes that would once have been settled by community mediation, or



Graphic by Lucius Cabina

THANK YOU MODERN MEDICINE!

(#23)

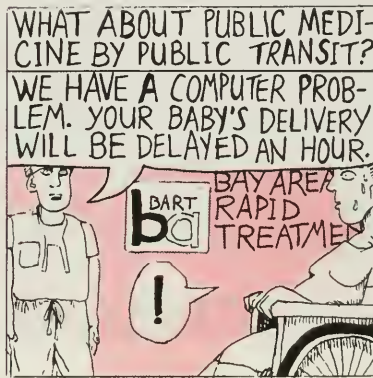
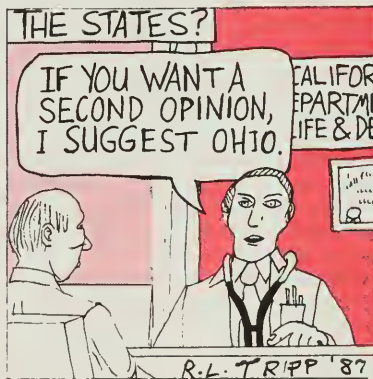
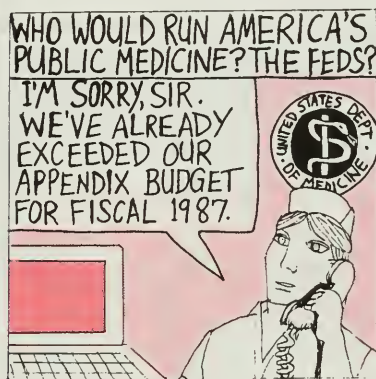
Sexual anxieties can now be permanently relieved with this exciting breakthrough in medical technology: The Genital Eraser!

perhaps by a fist-fight. Likewise, professional "counseling" or low-intensity psychotherapy now often substitutes for talking your problems over with a close friend. Other common species are the home computer consultant, the travel agent, and the resume expert. Not that such professionals don't often offer useful and time-saving services; I have benefited from them myself. My point here is the way our rushed, anxious, and isolated existence makes us increasingly dependent on them. Even the lowest-paid workers buy the services of fast food franchises and child care centers, as well as those of the omnipresent lawyers and doctors.

Social Change As Public Health

Ironically, most of the great victories over infectious disease resulted from improvements in public health rather than from the treatment of individuals. The creation of underground sewer and piped water systems, along with slum clearance, played important roles in this process; however, the decisive factor seems to have been the strengthening of immune systems owing to *better diet* (see sidebar, pg. 12).

That better diet was paid for out of higher wages. And where did these higher wages come from? Certainly not from the humanitarian pleading of the medical profession, still less from the willing beneficence of the business class. They were won by the dogged efforts of



Graphic by RL Tripp

countless, anonymous working men and women, who, in the course of countless strikes, picketed, sabotaged, occupied, dynamited, and otherwise made the lives of their employers uncomfortable and unprofitable until their demands were met. These men and women knew perfectly well that their health and that of their families was not a personal problem; they knew that lack of fresh produce translated into constant colds and influenza, lack of milk into rickets and thin hair, bad water into dysentery and cholera, and twelve-hour workdays under hazardous conditions into short, exhausted, hopeless lives. Throughout Asia, Africa, and Latin America, these battles are still being fought; and even here, the gains of the last half century are endangered.* Meanwhile, other fronts have opened up.

The most obvious of these fronts is environmental pollution. The well-publicized disasters like Love Canal, the Rhine, Bhopal, or Chernobyl, horrific as they are, are only the surface of the problem. In their normal operation, the chemical plants and nuclear reactors of the world are Bhopals and Chernobyls in slow motion, releasing legal, "permissible" levels of radioactivity and chemotoxins that are accumulating in the biosphere, climbing the food chain toward us, or settling into our lungs, our fatty tissue, and our bones.

Another front is the conditions of work in the new "clean" sectors, including the health-care industry itself. *Processed World* has helped to publicize the health risks facing VDT operators, telephone service reps, and chip makers. The stress and the poisons associated with these jobs are combining with other environmental toxins in an unpredictably hideous synergy to produce cancer, infertility, miscarriages and birth defects, and various kinds of immune deficiency.

Just as the well-to-do in the last century blamed the bad health of impoverished workers on their laziness and unsanitary habits, business, government, and the mass media routinely ignore or suppress the connections between polluted environment and hazardous work on the one hand and new kinds of illness on the other. And this silence and silencing still goes largely unchallenged. Interior Secretary Donald Hodel didn't actually get away with suggesting that we step out in sunscreen, dark glasses, and long sleeves

* If any further evidence were needed, a recent study, cited in the 8/7/87 *San Francisco Examiner*, concludes that about half of all patients admitted to intensive care in U.S. hospitals are suffering from malnutrition, and that doctors seldom recognize malnutrition when they see it because it has been omitted from their training.



HIGH BLOOD PRESSURE Leads to higher profits

Think about it: The frantic workplace and absurd productivity demands, dehumanizing interpersonal relations, and meaningless work found in nearly every company provide a great market for our product:

M A R I J U A N ATM

A message from Concerned Marijuana Farmers of North America, Inc., a Trans-National Association of Selfless, Altruistic Medical Professionals... Serving you since 1968.

as a substitute for halting the destruction of the ozone layer by refrigerants; but he obviously thought he was going to.

The health care industry depends on a sustained demand for its services just like any other. Is it surprising, then, that there is a tremendous institutionalized resistance to accepting the powerful arguments linking disease to environmental and occupational causes? No matter how sound the ethics of many individual physicians or health bureaucrats, the health care industry *needs* continuing high levels of sickness. Attributing illness to individual behavior accomplishes at least two things:

- 1) *It ensures ongoing sources of demand*, that is, it reinforces people's acceptance of environmental sickening agents.
- 2) *Sick or hurt people are disempowered*

and less likely to see themselves as part of a larger group; the lingering suspicion is that some mistake or moral failing caused their illnesses or accidents. This prejudice is particularly obvious in the case of that great killer, the car accident. The social choice to kill some 10,000 people a year by maintaining a transit system based on private autos is passed off as the victims' "bad driving" or "bad luck."

Unfortunately, the holistic health movement's justified insistence on the close connections between mind and body—specifically, between brain chemistry and the immune system—has also fed into this ideology. Cancer victims, for instance, are often suspected of having had a bad diet or some sort of neurosis. This leads, pathetically, to the faith that

"looking after ourselves" will prevent such catastrophes, and to blaming ourselves when it does not. I am haunted by a scene in *Unnatural Causes*, a recent network docudrama about Agent Orange: a Vietnam vet who was massively exposed to dioxin ten years earlier is told that he has multiple inoperable tumors. "But I don't smoke, I eat all natural foods and stuff," he stammers. "It's not fair."

In Europe, after World War II, working-class demands for a collective solution to health problems forced the creation of national health services that dispensed medical care at low or no cost to all citizens, and (in Britain at least) emphasized preventive care. These services persist to this day, despite the efforts of recent right-wing governments to abolish them. National health insurance is a favorite plank in the platforms of liberal

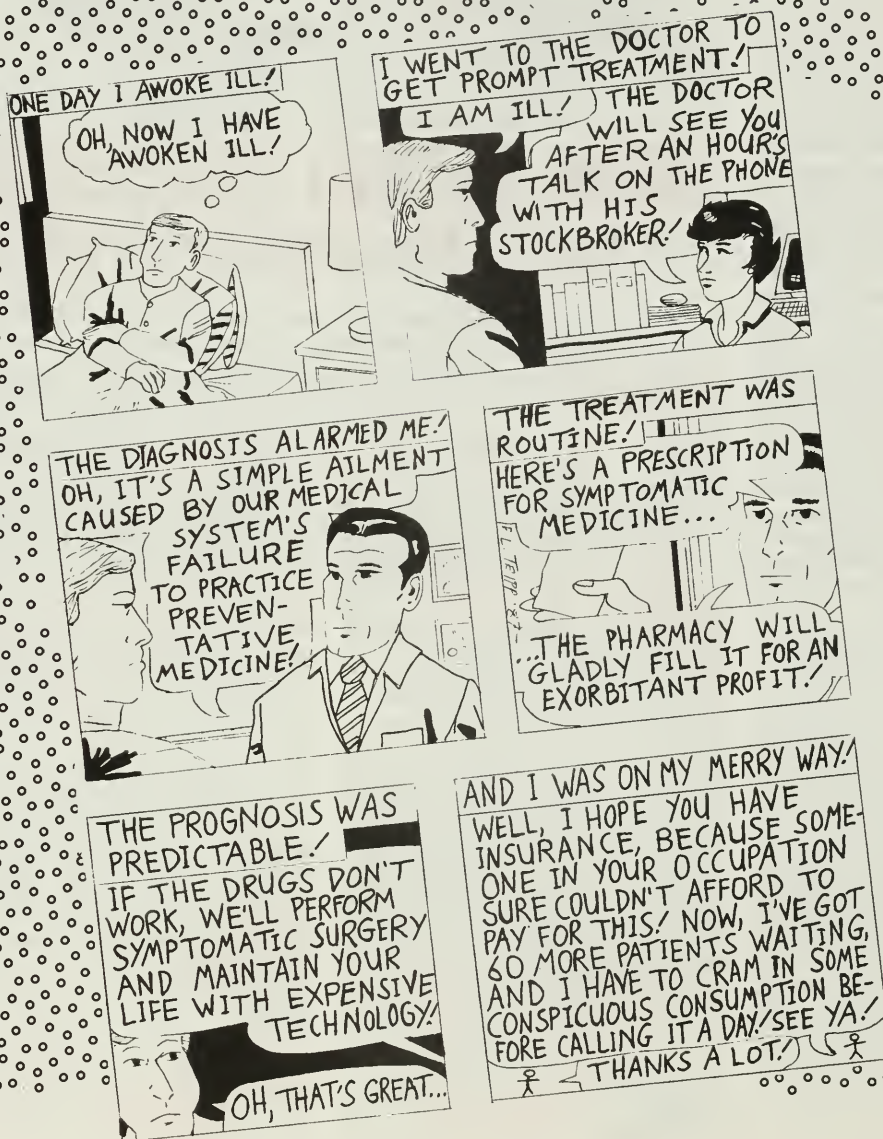
Democrats, and it is still not a bad goal. It would, however, leave untouched the broader public health problems I have alluded to. It is not merely health care that should be a human right, but freedom from socially and technologically created pathogens—from hunger to excessive stress, from cotton dust to PCBs. The struggle for health now is the struggle to transform the entire structure of our society.

Lest this seem overwhelming, there are plenty of places to start. What might happen, for instance, if community groups fighting a hospital expansion went beyond questions of land use and "environmental impact" to assert their right to evaluate the medical philosophy, efforts, and expenditures of the hospital? The same principle could and should be applied to factories, office buildings, and

other workplaces. Other more conventional kinds of biological self-defense, like fighting against nuclear power and toxic waste dumping, and for safer, more relaxed working conditions, are all essential too. Such health insurance as we have needs expanding. More anti-AIDS funds must be squeezed out of the government. All these campaigns might be waged more effectively, however, if the participants situated them within a long-term struggle for collective, democratic control over all aspects of social life, and for a sane relationship to the biosphere. In the final analysis, our health is the health of the planet, and both depend on our creating a vastly freer and more cooperative world. We don't have forever.



by Lucius Cabins & Louis Michaelson



Graphic by RL Tripp

ON BEING REPRIMANDED FOR BEING "TOO WOMEN'S LIBBISH"

We don't like your feelings, said the boss.
He was reading my file.
His desk was surrounded by barbed wire
and topped with broken glass.
I knelt in front of it.

You feel angry, he said.
You feel shamed by the official cruelties you commit.
You feel.
"I'll change," I promised.
I rummaged hastily in my bag for a mask.

Your eyes are too blue, he went on.
Be green eyed.
"Right," I agreed.
"contact lenses," I jotted down.

You're too tall, he said,
raising his eyes from his notes.
Be shorter. Your feet...
"amputation," I wrote quickly.
But a thought occurred.
"How will I be able to work?" I ventured.
Live on your knees, he said.

by K.B. Emmott



PROSTHETICS

He gives me eyes
to stare back at

hands me a nipple
he made himself

He admits that sometimes
his people are disappointed

He has to remind them
gently
he isn't God

though he's laboured longer
on the blues of an iris
or an ear's
curled
mystery

The spare parts man
does brave work

but he shies away
from my praise

When he gives me his hand
it's warm
and his smile is genuine

by Glen Downie

INSURANCE BENEFITS

I think more of myself
when there's less of me
to think about

if I can't subtract years
I can always
take amnesia pills

I'm at my best
just after a haircut
I'll go on a diet

even though I'm underweight
thank god for the company's
insurance benefits

I can get warts fingers
internal organs
removed at no cost to myself

second opinions always concur
if you want to survive
you have to travel light

by William Talcott

PHYSICIAN DRUG ABUSE

Studies have shown
doctors are compulsives who never achieve
the impossible standards they have set for themselves
they suffer from rescue fantasies
and an excessive need to be needed

this causes them to take on too much work
and to lie awake
worrying about the patients
and then to drink
or to dope themselves in solitude

so you see
if I don't care about you
the way I used to
it's a sign of my improving mental health.

by K.B. Emmott

OPINIONS

They're personal
like the teeth glistening on their wire
next to the bedside
like the numeric IDs rigid between leather
the new upholstery and the prescription for rest
Each morning a fresh catalog
sprouts rolled-up on the doorstep

for Him something restrained and conservative
polished mandibles and gunmetal finish
for Her the very thing fluffy with lots of tiny bells
A whole set on foreign affairs
nestles in the purses or the lunchbox
So many we're giving them away
by the squirming handful

At party time they whine and scratch at the door
you let them in and they frolic
on the carpet trailing silvery threads of drool
How cute where did he learn that
I prefer eight legs myself
But careful after a few drinks they can get nasty
a toothy little skull crunched underfoot
and *Who asked for yours*

Best to keep them on a leash at all times
make sure they get plenty of blood for when
our smile comes to the door with a clipboard
asking to see them
then bet on the favorite and watch it come in ahead
Friday on the late news
Above all be sure to lock them indoors at night
safe from the floating shadow with owl's eyes
whose wingbeats
trouble your sleep into sweat and waking rage
Remember they alone are the measure of your freedom
Without them we could never decide
what is best for you

by Adam Cornford

There is a difference between work and working. All my adult life I've been hard at work as a writer. And although writing is not always a perfect activity, it is the work I love to do. However, with the economic pressures of the 1980s and the additional responsibilities of solely supporting two children, my subsistence on menial jobs and an occasional royalty ended, and I was forced to really start working. The first thing I discovered about working was that it made me sick.

Ironically enough, my sickening new job was at the Data Center of the Kaiser Medical Care Program, one of the largest health care organizations in the country. For the first few weeks at the Data Center, my problem was exhaustion. Besides showing up at work every day in Walnut Creek, a suburban town thirty freeway minutes away, I had a commitment to my son's soccer games, my daughter's gymnastics class. Then I had to manage grocery shopping after the children's bedtime, and what seemed like a thousand errands on the weekend. In addition, there were the cherished friendships that at first I tried to maintain, not to mention the unfinished stories that lay in heaps on my desk at home, waiting for a few seconds of attention. Suddenly, I had money, but no time. No time to think, no time to relax, and no time to do my real work of writing.

The fatigue gradually eased. I discovered that errands could be taken care of during lunch hour. Clothes could be dropped at the

Work Sickness at the Health Factory

cleaners in Walnut Creek. Not only thinking, but even actual writing—scribbled on notepads—could be done during the commute in the car. The children were adjusting to my absences in the late afternoon, my frenzies in the evening, and my shorter and shorter temper as the week wore on. Although I was unavailable during the week, suddenly I could buy them presents on the weekend. My friends too got used to my excuses, and the manuscripts were put on hold.

My job as a technical writer required that I operate a computer terminal most of the day. At the end of my inaugural month, I made an appoint-



ment for my first pair of glasses. Not only did this work aggravate my astigmatism, but I needed glasses to shield my eyes from the glare of the computer screen and the fluorescent lights. I soon noticed that all the 400-odd employees in this building wore glasses too, and when I inquired among my co-workers how long they had been wearing them, many responded that it had been since they had arrived there.

In the second month, my nasal passages began to resemble a sewer system. Although I didn't have a cold, I sneezed, wheezed, coughed, and spewed. My boss looked on sympathetically. She assured me that it was not hay fever and suggested I stock up on the boxes of cheap tissues stored for the personnel. Apparently, everyone in my department had experienced a similar reaction to the closed atmosphere, and I was consoled that I would soon adjust to the air or the absence thereof. My boss was right. I adjusted and moved on to deeper maladjustions.

By the seventh week my scalp itched so badly that I had myself inspected for head lice. Rather than a colony of small living creatures on my head, there were giant flakes of dead skin amassing under my hair like icebergs. I was told that this was a simple and common nervous condition and that with tar shampoo and a metal comb, I could stifle the uncomfortable itch. One visit to the drug store fixed me right up.

Herpes is an unwelcome guest that visits me from time to time. I had had rare occurrences of this pesty virus, but during my third month working, I experienced four outbreaks in four weeks. Finally, on advice from a friend, I took large doses of lysine, and my herpes rage subsided.

After three days of actually feeling good, I believed that my days of initiation had passed, and that I was now a perfectly adjusted worker.

I was wrong. I woke up the first Thursday of my fourth month with a pain that spanned the distance between my top vertebrae, aptly called the atlas, and my left armpit. Suddenly, I was a cripple. I couldn't raise my left arm above the elbow. The weight of a coat or the strap of a purse was intolerable. Sleep was only possible with a heating pad and several pillows to hoist my upper left quadrant like a cast. I immediately made appointments with the physical therapist and apologized to my boss that I would be leaving early on Friday for a massage.

Although the pain in my shoulder felt as if it would never go away, by

Christmas things had improved. Our family took a short trip to the mountains, and by the first of the year, I was rehabilitated. Then, on January 6, the beginning of my fifth month, I experienced a totally new physical sensation. Stuffy noses were old hat, back and neck tension the side effects of adulthood, herpes the scourge of my generation, dandruff a cosmetic inconvenience, but breathlessness was unprecedented. My inability to catch my breath terrified me, and for a split second every quarter hour, I suspected I was close to dying. Although I had cross-country skied at 8000 feet the week before, as soon as I recommenced by work schedule, I couldn't breathe. I rationalized that it was a reaction to a mid-month deadline, but the deadline came and went. The breathlessness did not.

I sat down and thought about it. Obviously, I couldn't catch my breath because I didn't have time. At home I set a few minutes aside to take deep, slow inhalations. At these times I told myself that the rush of life coursing through my lungs faster than it should could slow down. It could rest. I would try to help it. I pleaded with my circulatory system to make it happen soon.

And yes, this malady mysteriously subsided, and I began to inhale at a normal rate. Again, I fell prey to the illusion that I was well. True, I was managing my days. But at night I had begun to experience an onslaught of nightmares. The gruesome thought occurred to me that as one ailment resolved itself, it was replaced by another, more ominous than its predecessor. The mythical Hydra was rearing its ugly heads, and they were all inside my own.

I didn't have to look far for the causes of my trauma. One was the building itself. A prison architect had designed it. Its few windows were slits that only ten executives had the privilege of looking through. The ceilings were hung low, and every fifth rectangle of particle board was replaced with a fluorescent light. The inside walls, the industrial carpeting, and the desk and file cabinets were a matching beige. The tiny cubicles were separated by five-foot high dividers, and the sounds of office machines, conversations, nail clippers, and occasional groans dispersed into the open space above them.

Privacy here was a ludicrous concept, and I considered it perverted good fortune to overhear the phone conversations of my immediate neighbor. This man had a Korean girlfriend whom he spoke to daily. His questions to her were

in stilted, sotto voce English, apparently in imitation of her own. Phrases like, "We go there together" were suggestive enough on a Tuesday afternoon to sound racy. By Friday, his monosyllabic exchanges were downright pornographic.

With this exception, however, the human sounds that filled the background were white noise. The atmosphere was profoundly lifeless even while filled with people. When I worked my first weekend, I was shocked, then depressed, to realize that inside this completely empty building the impression was exactly the same as a regular workday: it felt like no one was ever there.

Another source of deep irritation was the surrounding environment. The building was located in a suburban

flourishing, and the impressive peak of Mount Diablo hovered above only a few miles away. The highways and industrial complexes were less than five years old, the housing subdivisions only slightly older.

For diversion at noon I walked out into the streets, sometimes venturing past the satellite commercial centers into the housing areas. Generally, there were no sidewalks, and except for landscaped spots of botanical wonders, the area was desolate, a human desert with garages and lawns.

Once back in the shopping center, I strolled along studying the display windows, looking for anything that I might find curious. Until my forays into these suburban dead zones, life had always presented itself to me as a series of curiosities—strange images, bizarre



Graphic by P. Karp

industrial park. Put all white collar workers together in clean buildings, and everything will begin to resemble everything else. People included. Hang the sadist who thought of this innovation.

Within one to six blocks of this building in any direction were identical shopping centers. There were large grocery stores distinguished only by the name of the chain. There were also one repulsive Chinese restaurant, three shoe stores, a deli for the ethnics, a yogurt bar for the unconventional dieters, and a hardware store.

Actually, it was wonderful mental exercise to imagine the terrain without the blight of human mediocrity. Walnut Creek had both young and old trees

happenings, ridiculous juxtapositions—and my job was to hunt them down, take note, and wonder. Here, I found not even one. There was nothing coming out of this environment, and, as I feared, there was nothing coming out of me. Except for the money that I could exchange with the human beings behind the various counters, these walks were voids. Usually, they climaxed with a small purchase—a Baby Ruth, an Almond Roca, a bowl of wonton soup.

Back inside, I followed the suit of my co-workers. I tried to beautify, or rather personalize, my half of my cubicle. I brought in colorful drawings by my daughter, photos of my loved ones. My cube-mate had pictures of her cats, an

extensive collection of African violets, and a worn copy of John Donne's poems. Most people in the building exhibited some such paraphernalia, reminding them who they were and informing the rest of us who they might be—if we were to meet by chance at a bar, a political rally, or a P.T.A. meeting. These remnants of each person that I noticed while walking through the maze of halls were always vivid and sad to me. They reminded me of cultural rituals in which the dead are buried with their most prized possessions. Despite this, I took deep pleasure in looking at my six-year-old's watercolors. They served to remind me of the world outside: spontaneous, playful, lovely.

Eight hours a day, I felt confined to something little better than a prison. I could have been accused of ingratitude. After all, I wasn't unemployed, living in a shelter, or on welfare. And if this was prison, I was decently paid. How could I be such a whiner? Did I think painting watercolors was a way to earn a living? Why did I have such a distorted view of my life? Why did I think I was special?

Most of us white baby boomers were raised in incredible prosperity. Our childhood years fostered a myth that the middle classes have only partaken of once or twice in history — perhaps in England during the Victorian Era, and certainly in the United States after the Second World War. Money then could buy many, many people not only tons of material goods, but lots of leisure time. The myth, of course, was that this prosperous time would go on and on. It hasn't. Today, most middle-class women work outside the home. And they have little choice in the matter.

I wasn't shirking, but I was dumbfounded by the drudgery. Around me, co-workers talked of new cars and boats and plans for vacations, home remodeling and shopping sprees. These things outside of work, that only the money made working could finance, were their incentives to come not only in day after day, but decade after decade.

Before taking this authentic job, I had lived with the premise that doing the things important to me was the highest priority. Raising my children with interest and love, writing stories and poems, were at the top of the list. Working for various social causes, listening to music, making food and learning crafts, driving to the beach, or dancing came next. During one decade of my young adult life, I might have been called a hippie or a revolutionary. Now those words have other connotations, but the spirit that they represent

ed did allow me, and many thousands of others, to live simply with the important things at the top of the list. Livelihood was not slighted. It was simply not consuming.

So I had lived. But worrying about money became incessant, and, at over 35 years old, I set out to seek gainful,

full-time employment. And for a time, even though I felt physically tortured by my new circumstances, I was proud that I had made a decision and executed it. Relieved that I hadn't ruined my future with drugs or alcohol. Pleased that my good education was proof of my intelligence. Assured that I was capable of



doing things that I didn't particularly like to do. And grateful that I could come out of the woodwork with a half-page resume and be given professional duties and a bona fide salary. Now I could buy brand-new clothes for my children, donate money to worthy causes, and afford a vacation. I had

joined up for the old-fashioned American dream.

Eventually, these satisfactions wore away. However, the physical ailments also started to ease, and the nightmares subsided. Instead, I was filled with a tremendous shame. I was not ashamed because the work I did was undervalued

by the company and meaningless in the context of the rest of my life and most of the rest of the world. I was ashamed of the society that considered me its fit and useful member, one of its own. Ashamed that anyone, no matter how harmful their work might be, was respectable by these standards if only they committed themselves to a job, and that the unemployed were to be pitied above all others. Not that I proposed that we should live without work—just that working should be so entirely disconnected from our lives struck me as dismal. This conclusion was not merely theoretical. It was drawn from firsthand experience.

In our division, the computer programmers, systems experts, and other technical staff, myself included, were non-union. Our building was some distance from any of the hospitals. However, when several thousand union workers in the hospitals went out on strike, the non-union workers were expected, in fact obliged, to cross the picket lines around the hospitals and get the job done. At the time, I was assigned an emergency project that exempted me from hospital duty. My boss knew I would be relieved, but I was already sickened. Or rather, as I said before, ashamed that the quality of people's lives should be a bargaining chip, one that these strikers would eventually lose.

The first week of the strike, I handed in my resignation. I had found another job. I would be a few miles from home, with my own office, two windows, flexible hours, in a small computer software company. Although the demands of the new job were more strenuous, the deadlines more serious, the atmosphere was friendly and unbureaucratic. Admittedly, I wasn't doing work I loved or even thought meaningful, but I had found a tolerable situation.

Except for me, no one at the old job has left. It's been too risky to trade in security for the unknown, even though they all complain that they hate the place. My memories have faded. I have other business that fills my day, but my twelve-month taste of what this country serves most of its citizens leaves a permanent sympathy for my co-workers everywhere. They wear stockings or ties and hold college degrees, but they experience the monotony of assembly line work. The white-collar class is a disguised serfdom. And I can't put it entirely behind me. Someday I may be forced to go back.



Graphic by P.M. & Mars



by Summer Brenner

"Yep, them things growing around the inside tip of my dick sure look funny!" I said to myself, about seven years ago.



And so began a voyage through the "health care" system. My wanderings began with a two-and-a-half-hour subway and bus ride to the Bronx from Brooklyn to see a low-priced (\$10) movement doctor. "Those are polyps," she said, "not warts." She said I should go see a urologist. I was relieved that I now knew what I had—polyps—until I got home and looked it up in the dictionary. "Polyps" was just a generic name for growths on mucous membranes.

So off to the urologist I thought I was going—except the hospital near my home told me I'd have to go through an emergency room appointment first. The \$50 fee was curable via fake I.D. and saying "Please bill me." The emergency room then made an outpatient clinic appointment for me for three weeks hence. I waited three weeks for a urologist to say "Hmm, polyps," and then make another appointment for me! I told the clerk "Bill me" and split.

by Bob McGlynn

In the end, I'll get mine with a vengeance, as they'll literally *pay* (I'll have to leave my methods up to your imagination!). But the struggle for health care must include a vision of those who get sick *not* having to *work* to get well.



Well, the caper ended there. Cured, but pissed. For a relatively simple problem, I went on a months-long merry-go-round of expensive incompetence. The victim of this mess is stuck with literal unpaid labor. I can't begin to add up the time I've spent on the phone, running from place to place, doing things that should have been done *for me*. The struggle against "health care" is thus also an anti-work struggle, as capital incessantly works to work as little as possible and has the rest of us pick up *its* slack.

Then a nurse came in and said I'd have to sign out and be wheelchaired to the front door. Not wanting that humiliation, and also fearing being handed the anesthesia bill, I snuck out of there quick!



When I come to in the hospital room, Doc poked his head in and said "Good news, we didn't even have to operate. The wart just *popped out*." For \$350, I had a possibly nonexistent wart *pop out*!



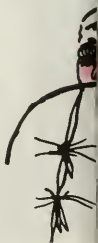
Then I called a friend hospital. She told me her provide free outpatient care one to turn down freebies. After hours spent applying (weeks hence again) to see "WARTS." Yikes! Another (more weeks) to see the u warts,"and who then mad more weeks hence) for electrode up (down?) your out.



Merry

On the operati time with the ane begins to poke aro "Remember me, the

This person, who was about me, didn't know who the explaining to him that "I think then I went under.



worked in another
al had a grant to
verty cases. Never
over immediately.
ot an appointment
r who said "Hmm,
ntment was made
st, who said "Yup,
ppointment (a few
ing—they stick an
and burn the warts

AH! I was cured! I could go back to my evil ways
without fear of spreading plague!

It took a couple of weeks for the area to heal.
After that I took a close look just to make sure
everything was cool. YOW! The fools left one
in—and a big one, too!!

So off I went, happy to finally (I thought) get it
over with. The few hours'stay cost \$350. Luckily,
the anesthesia bill is separate and not asked for up
front. I remember after the operation, still drugged,
walking real fast to the hospital elevator to leave,
and hearing a faint voice say "Would you like to pay
your anesthesia bill now, Mr. McGlynn?"



So back to the urologist. He recommended a
certain suppository. I left giddy. I was doomed to
spend my life uncured, bouncing back and forth
between one wacko doctor and another. I spent a
few days going from pharmacy to pharmacy, but
no-one could make such a slim suppository. Back
again to the urologist. He recommended a cream I
could ram in with a Q-Tip (what fun!). "Do it for
two weeks and your problems will be over." Two
weeks came and went with no change. Back again to
the urologist. He told me to do it for some more
weeks. Didn't work. Back to the urologist. He
shrugged his shoulders and said "Look, sometimes
they pop up again, what can I do?" I got the fuck
out of there, fast.

medical ground

I'm having fun making
when Doc shows up. He
outside of my dick. I say
with the internal warts?"

gin operating on
I was. I tried
art is gone," but



By now, I didn't feel like crying—I felt like crying a
lot! I went off the deep end and called Mom and Dad!
Mom and Dad were cool. They recommended my
grandmother's urologist (since he took care of Nana
he'd have to be trustworthy). I went to see him with
Mom. Unfortunately, having Mom around meant I
couldn't play any fake ID games, so there went fifty
bucks. He said "Hmm, warts. How 'bout another
operation?" I said "Shucks, why not, I've got time to
kill." Luckily, I only had to wait a few days.

The night before the operation I checked myself
out one last time—and found that the cream might
finally have worked! I really couldn't see the wart!
But I figured play it safe, get the operation anyway.

So off I went with Mom to the hospital. After the
receptionist ran through name, address, and so on,
she asked "Religion?" Before I could spit "Atheist,"
Mom loudly said "Catholic." I rolled my eyes and
wondered "Will the venereal wart blues ever end?"



SOFTCORE

In the beginning, as with most such diseases, there were only scattered, anecdotal reports. I recall seeing one in the *Annals* and another in the *Journal of Applied Medicine*. Each described a young and otherwise healthy patient whose life force gradually and for no apparent reason began to weaken. On the surface nothing appeared different, and yet beneath there was a steady and unequivocal recession of vitality. The beat of the heart became more distant, the brain waves flatter, the neuromuscular potentials less distinct. It was as though a blanket had been placed around these patients, dampening their vital signs. One investigator likened it to a shell (Parkinson: personal communication) which over time grew in thickness to envelope whatever living material was left inside. Some called the shell prison; others, protection. These were the metaphors of our ignorance.

The early reports emphasized the extreme lassitude and inanition with which these patients were afflicted. Initially, they were thought to be incapable of performing the simplest tasks of daily life, but later, it was found that they were merely uninterested. Such matters as speaking, dressing and washing seemed beyond their awareness or concern. It was felt by some that they were suffering from a deep depression or some other severe psychological aberration, but this view was discounted by extensive psychiatric evaluation, the results of which were entirely normal. They were not mentally ill, it was clear. And yet there was something that made them different, that progressively encased their spirits and caused them to recede further and further from humanity.

It has since become apparent that many others — thousands, millions —

are affected. In most, the blunting of life force remains at an early stage. With effort they are capable of carrying on the routine demands of life. It is true that relationships have tended to suffer, and the birth rate has dropped precipitously. But so, also, has the crime rate, as these people have become less motivated to interact in any way — violent or otherwise — with others.

Surprisingly, the vast majority of these lesser advanced cases remain quite able to work. Their jobs (data entry, information retrieval, assembly, technoservice) are perfectly suited to their condition. Indeed, it has recently been suggested that these patients' lack of motivation is somehow causally related to the boredom inherent in their work. Provocative as this argument appears, it has yet to be substantiated. Statistical analyses are pending.

As a physician, I have been both disturbed and intrigued by this new illness. Like many others I have given thought to its origin and cause. When a thing is unknown, theories abound, and up until recently my own were no less imaginative than others. But three days ago I made a startling discovery.

It was occasioned, as is so much in the life of a doctor, by the visit of a patient. She did not come on her own, but was brought by one of her co-workers, who had noted a progressive change in her behavior over the past several months. Whereas before she had been lively and vivacious, now she seemed, in her friend's words, blunted.

"Like she doesn't care," she said. "Or doesn't care to care."

I nodded thoughtfully and turned to the patient. She was young and had all the physical attributes that pass for beauty. And yet, as I looked at her, I could not help but think that this was a person who had been sucked dry of life. Her face was flat, her eyes dull, her hair drab and lusterless. When I spoke to her, she answered in a voice so weak that I thought she might have a disease of the larynx. Her words were muffled, her sentences short and barely intelligible. I found myself having to strain not merely to hear but to understand.

During the interview I recorded our words directly into the PC I kept on my desk. Once or twice she turned in its direction, stirred, it seemed, by the

faint clicking of the keys. It occurred to me that they might hold for her some meaning, but if they did, it was one that did not penetrate very deeply, for in a few moments the pasty and indifferent look returned to her face. Partway through the history I replaced the ontologic disc with a fresh one, carelessly leaving the filled O-disc on the desktop. When I had finished, I asked her to have a seat on the examining table. I had to repeat the request a second time before she stood up. She crossed the room mutely, her movement, like her facial expression, spare and detached. There seemed to be a palpable disassembling between inner and outer life.

As I expected, the examination was unremarkable. The only positive finding, hardly one of note, was a small bald patch of skin on the scalp. It was partially obscured by her greasy hair, and I parted the strands to look closer. Covering the pale spot was a fine silvery scale. It seemed nothing more than a mild dermatitis, but my habits are such that I routinely took a scraping. As I was leaving the room to examine it under the microscope, I clumsily caught my foot in a fray of the carpet. The glass slide slipped from my hand, spilling skin and solvent on the O-disc I had left on the desk. I swore under my breath and wiped the disc clean, hoping its valuable data had not been damaged. I took another scraping, being more careful this time.

The bald patch turned out to be what I thought it was, and I prescribed an anti-inflammatory cream. I gave my instructions and asked if she understood. Ever so slowly she turned her head, gazing at me as though from a tremendous distance. I had the odd sensation of seeing her through many layers of hazy glass. It was an unsettling experience. At length, unable to arouse her further, I called her friend in. She asked what I had found. When I told her, she sighed.

"I was hoping it was something else."

I nodded. Simple depression, even a brain tumor seemed preferable.

"Don't you have something to give her, Doctor? Anything..."

"I'm sorry. We have no treatment for this. We don't even know the cause."

"Then I just have to wait?" She was

angry. "And watch while she fades?"

"Don't lose hope," I said lamely. "No one knows what the future might bring."

She led her friend, who seemed both unconcerned and uninvolved, out, and I was left to my own thoughts. They were angry too, frustrated and sad. A disease that struck indiscriminately, for which we knew neither cause nor treatment: it was enough to make a man cry.

Fortunately, she was my last patient of the day. I had no great desire to see others. As I prepared to leave, I noticed the O-disc on the desk. It was still somewhat moist, and in an act more of desperation than inspiration I put it in the office incubator in the hopes that it might dry overnight. Then I went home.

The next morning I took it out and put it in the PC's drive. When I booted the computer, nothing happened, and I cursed myself for not having made a backup copy. In the middle of trying to get something — anything — to appear on the screen, I was called away to the hospital. One of my older patients, an alcoholic, had swallowed a boxful of alcohol swabs. It was more than an hour before I got back to the office, and I hurried into my white coat to begin seeing patients. Then I caught sight of the computer screen.

It was full of writing, most of it complex program commands and equations. The lines were scrolling up and off the screen at a rapid rate. I somehow managed to get the printer working, and I tore off the first page when it was completed. It was covered with formulae, which I recognized (after considerable scrutiny) to be the mathematical descriptions of biological phenomena. I understood only the rudiments, but here, in numerical symbology was hormonal secretion, blood flow through the heart, neuronal activity, ion fluxes across membranes. This was information that had been under study for decades in laboratories throughout the world. As far as I could tell, what I held in my hand represented the most sophisticated and accurate descriptions of such processes yet.

How had they entered my pitiful little desktop computer? I thought immediately of the disc but was reluctant to remove it for fear that I would be unable to retrieve its information. So instead, I let it run, watching in awe as the secret equations of the human body scrolled endlessly up the screen.

I didn't want to miss anything, but by then my waiting room was full of

patients. Begrudgingly I saw them, using another room so that I could hurry back between visits to see what new data had appeared. It seemed inexhaustible, and when lunchtime came I called out for a sandwich in order to remain with my machine. Just as I took the first bite, the scrolling stopped. I caught my breath. A moment later words appeared on the screen.

* I'm here. I'm not dead. *

I stared, afraid to chew.

* I'm alive. My name is Susan Kunitz. I'm twenty-four. My parents live in Milwaukee, and I have a brother in the Navy. I don't understand what is happening. Why does everyone seem so far away? *

I said something out loud, swallowed the bite of sandwich and repeated it.

* Try to communicate. *

I spoke again.

* Try harder. *

Then I understood. I typed my name on the keyboard. I told her I was a doctor. I asked questions.

She knew everything there seemed to know about Susan Kunitz, sharing intimate memories as well as deep felt emotions. What she described had far more detail and texture that I could ever have put on the disc myself. And yet when it came to the source of this knowledge, its nature and location, she had no understanding at all.

Nor did I, though it occurred to me that there must be some connection with her disease. At length I suggested we terminate our interaction. I was growing tired, but also I wanted to check the disc. She agreed with little hesitation. This surprised me, for I would have expected her to be concerned, as I was, that something might happen to the disc. I realize now that on some level she probably knew that it was only a replica of her true self.

After taking care to copy its contents, I gingerly removed the O-disc from its slot. I held it to the light. It looked no

different than others I had seen, but under the microscope I saw what the naked eye could not. A thin layer of cells covered the disc. I recalled my spill the day before. A thought occurred to me. With growing excitement I rushed across the street to the hospital's electron microscopy lab.

Two hours later I had it. In the nucleus of each cell lay the tiny metallic particles of the disc. They had inserted themselves into the chromosomal material, not in some random array but in clear-cut patterns. In each cell it was the same: bits of computer memory linked to strands of DNA, hardware to software, machine life to human.

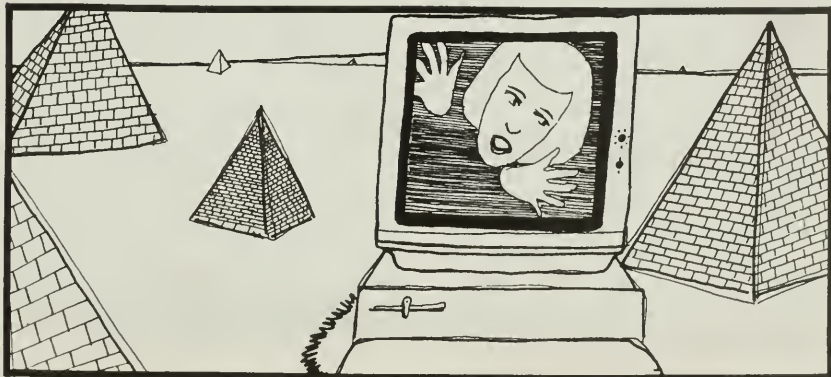
Over the next few days I called in others with Susan Kunitz's disease, and in each the results were the same. Bits of computer memory studded their DNA. A shell of information, of bioelectromagnetic data surrounded the soft core of their being, and their body processes scrolled graphically before my eyes. They were like snails, I thought, bizarre, mutant snails without even a hole through which to poke their heads.

I pitied them enormously, until it occurred to me that perhaps such pity was premature. Maybe these shell people, melding as they did computer life to human, represented a new stage of man. On the surface they seemed so miserable and inept, but perhaps this was only the biased view of a lesser form of life. Perhaps it is we and not they who suffer, we who sit in the shadow of their evolution. It was an unnerving thought: we now are the chimps of the planet. I am not sure that it is true, but neither am I sure that it is not. A part of me, a frightened and courageous part, hopes to find out.

by Michael Blumlein



Michael Blumlein is a physician. His novel, *The Mountain of Mountains*, was released in August from St. Martin's Press.



Graphic by Mars

Blood, Sweat & Soap

The hospital is a vast labyrinth of bright linoleum and enameled tunnels. People seem to wander about aimlessly, carrying linens, pushing strange apparatuses of gleaming metal, pushing wheelchairs. Patients in ill-fitting green gowns shuffle

around, glum and bored. At the far end of a long corridor is the sign, with an arrow pointing downwards: LAUNDRY ROOM. At the bottom of the stairs, the hall gets narrower. I go through two big swinging green doors that say EMPLOYEES ONLY. At the end of this corridor is a big black door with a smaller door cut into it, emanating a low roar of machinery. I walk through the door and am pounced upon by my new supervisor, Mr. Crumley. Crumley is wearing a white shirt and tie and is sweating profusely in the room's heat. Strange machines are clanking and whooshing. A mad pace of activity fills the air. Crumley wastes no time. "Fine, glad you made it. You'll be separating."

"Separating?" I ask myself, as soon as Crumley is out of earshot. I follow him around a big machine where women are placing bright white sheets on long conveyor belts, past a row of enormous industrial dryers, and into a corner where three other young men are pulling linens out of a large rollaround canvas bin.

"Here's your man, train him well," says Crumley, and disappears. The skinny blonde-haired one instructs me.

"Grab an article, shake it out and throw it into the right bin." He points to four bins parked against the wall. "That one's Sheets, that one's OR, that one's Other White Linens, and that one's Gowns. Got it?"

"Yeah, sure."

I lean over and stare into the bin. A strange, unidentifiable odor assaults my nostrils. The others are jamming their hands in and pulling things out without hesitation; but I want a few minutes to check out what's in that bin. I gingerly pull out a patient gown—thin green cotton—and throw it unceremoniously into the Gowns bin. Hmmm, what's next? I come up with a pair of white cotton drawstring pants. "Where does this go?"

"Other White Linens."

Now I pull up a long white sheet. Into the Sheet bin it goes. This isn't so bad, the bin's almost empty.

The skinny blonde kid walks towards the back wall, where there are about thirty stuffed-full drawstring cotton sacks—stuffed full, presumably, of dirty laundry. He drags a few back over and dumps them into a bin. "Fill 'er up," he says.

I pick up my pace a little, get into the swing, sheets here, towels there, gowns in the other one. Very quickly, I learn to grab with my eyes as well as my fingers. Avoid the excrement on the gowns, the vomit on the towels. There's some pretty funky stuff in here. I pull up a green, stiff square of cotton material, four feet by four.

"What's this?" I naively ask.

"Operating room sheet."

The skinny blonde kid is Jack, the Black guy is Tony, the short dark-haired one is Scott. Jack has seniority, he's been there two months. Tony's been there one month, Scott one day. I don't feel like such an intruder; these are not oldtimers here.



Graphic by JR Swanson

I go with Jack to get more sacks for the bin. Dump it in and sort some more. I'm really flying now. I pluck up a dark green OR sheet and hurl it into the OR bin. There's another one all bunched up. I grab an end and shake it out. A sickening mass of deep red, bloody ooze sloshes all over the gown in the bin and over Scott's hands.

"STAINS, STAINS!" scream Jack and Tony, doing a little dance around the bin. Scott and I recoil in disgust. Matted hair protrudes from the slimy ball of bloody matter in the bin. Jack runs over with a stick, still yelling, "STAINS, STAINS!" He pokes at the bloody sheet, picks it up, and flings it into the corner of the room. It slaps the wall and slides down onto a dried-out pile of more bloody green OR sheets.

"That's the Stains pile," says Jack, his face slightly flushed. "We don't touch that stuff."

"That shit's too messed up," adds Tony. "Let them worry about that stuff."

Jack picks up some other bloody gowns and sheets and tosses them into the Stains pile. My stomach is queasy. I pick things up by the tips of two fingers, looking carefully for any other surprises.

It's break time and us separators go our separate ways. I grab a cup of coffee from the vending machine and stroll around the hospital. When I get back, there are just three of us. We start separating again. About a half hour goes by and Scott is nowhere to be seen.

"What happened to the other guy?" I ask.

"Probably quit, like most people. We get some that don't even make it through one whole day."

We keep on sorting away, not talking much. The pile of laundry bags gets smaller and smaller. The CLANK CLANK CLANK of the folding machine in the other area is getting on my nerves. The WHOOSH of the huge dryers drowns out my thoughts as morning edges towards noon. Those dryers put out a lot of heat, too, and we're burning up. Tony switches on a ceiling fan; the breeze helps a little. I come across some new clothes.

"What's this?" I ask, pulling out some stiff white jackets.

"All right!" say Jack and Tony, as they come around to my side and go through the pockets of the jacket. Tony pulls out a handful of coins.

"Eighty-five cents!"

"Doctors' jackets," explains Jack. "There's always change in the pockets. They must buy stuff from the machines and then just dump the jackets in the chute without checking."

Tony puts the money in a white styrofoam cup on a ledge.

"We divide up the money at afternoon break," he says.

This is the way to keep your mind off work—look for doctors' jackets. We get a couple more by lunch time and have over two dollars already.

I have a milkshake for lunch, basking in the sun on the lawn outside the main hospital doors.

Walking back down to the laundry room is like entering a furnace; the hot, arid air from the dryers hits you in the face. The contents of the bins look increasingly unappetizing after fresh air and sunshine. What diseases are lurking in all this shit and piss and vomit, not to mention blood and body parts? The sweat trickles down my forehead. No more doctors' jackets. At least the laundry bag pile is almost gone now. Could that mean breaktime or other work? I drag over the remaining bags, dump them in the bin, and we go through them in about twenty minutes.

"Whew!" I exclaim, "What now?"

"Now for the really shitty work," Jack replies disgustedly.

I follow him to a door next to where the pile of laundry bags had been. Beyond the door is a solid wall of laundry bags. He tugs at the wall, and dozens of the dingy cotton bags slide onto the floor. In the dark little room beyond, I can see an enormous aluminum conduit chute slanting down from the ceiling.

"This is where the laundry chutes from the whole hospital wind up. The stuff we worked on today was fresh laundry from yesterday because the laundry room was backed up. Now we can work on our backlog." He starts dragging bags over to the bin. My heart sinks.

"Trouble with this stuff is," Tony says, "it's been sitting here a long time. It's sure to be really ripe, especially with this heat."

He dumps out the first bag. A sickening stench of curdled blood and body waste rises from the mound of laundry.

"Oh Christ."

We stand back, letting the fan blow away some of the worst odors. We are sorting a lot slower now. At afternoon break we take the styrofoam cup of money into the vending machine room, where we split the loot and buy Cokes.



Graphic by JR Swanson

By the end of the day, my stomach is terminally ill. I leave the hospital gasping for fresh air.

The next day's a scorcher. I'm sweating profusely at seven in the morning on my way to work. By first break, the laundry room thermometer reads 110 degrees. There's a new pile of bags by the door again, fresh laundry that wouldn't fit in the chute room. We do that relatively fresh laundry first, before again getting to work on the backlog. The backed-up laundry is even worse today, literally cooking in the heat. We hit another sickening pile of Stains, a mass of curdling blood with some unidentifiable body parts, bits of fat and hair. WHAP! It goes onto the ever-rising pile of Stains, which nobody had removed since yesterday.

A little after morning break, a new guy comes in from the temporary agency, an older man smelling of alcohol. After fifteen minutes, he goes to the bathroom and never came back. But Jack and Tony and I are going to tough it out. We start showing off, poking into the Stains pile with the stick, trying to identify things. Jack finds a piece of cartilage that he thinks looks like a letter J.

"Hey, look at this, I oughta wear it around my neck, what a find!"

"Looks like a calcium deposit if you ask me," Tony says. "Put that thing down. That's disgusting."

"No, really man, I'm gonna keep it." He slips it into his pocket.

Tony dives after a doctors' jacket. "Hey, great—OUCH! OH SHIT!" He holds out his finger and looks at it with

concern. "Damn needle...Fucking doctors..." Carefully, he extracts an uncovered hypodermic needle from the doctor jacket pocket. "They're supposed to cover these things up and throw them in a separate box, but they always forget. You gotta be careful about that." The jacket doesn't even have any money in it.

At lunch time, the lawn in front of the hospital is covered with people sunning themselves; but I want to escape the heat. We sit under a tree and eat ice cream cones for lunch. When we get back to the laundry, the thermometer on the wall reads 117 degrees. The ceiling fan just throws back the hottest air in the room, so we shut it off. We soak our t-shirts in the water fountain to keep us a little cool. By now we're actually making a dent in the backed-up laundry. There's probably enough room for the next day's laundry to come flying down into it.

The next day, as I take up my position at the sorting bin, the supervisor comes over to tell me that a laundry folder didn't show up and that he'll need me to fold laundry. Jack and Tony are snickering a little, probably because the laundry folders are all women.

The supervisor brings me over and introduces me to Helen, an older woman in a pale blue apron and blue plastic hairnet. We stand in front of a bizarre contraption about ten feet wide and thirty feet long, a mass of whirling canvas strips and belts and loops, clanging metal arms and rollers. All I have to do is pick up a clean towel or sheet and feed it into the machine, which whisks it away clenched between rollers and smooths, flattens, presses, and folds it. Amazing. The first towel I send through is rejected, however, because I forget to snap it.

Helen shows me how. She grabs the towel by the end corners and snaps it so hard that it cracks like a bullwhip and fluff flies off the other end. It takes me many attempts to get that action down.

At first I am tremendously relieved to be off separating, especially in this heat—though I feel a little guilty about not suffering with my comrades. In about ten minutes, though, my arms are tired from so much snapping and feeding items to the hungry machine. A few minutes after that, I come to the horrible realization that this job does not permit one to put one's arms down, not even for a second. The receivers at the other end need a steady stream of pressed laundry and complain if it doesn't come fast enough. They're paid bonuses on piece rate. God, how I want to let my arms sink to my sides for one minute or even ten seconds! By the end of the day, I'm

anxious to get back to sorting—blood, guts and all.

Luckily, the next day I get my wish. But I always pause to look at those women's arms when I walk by.

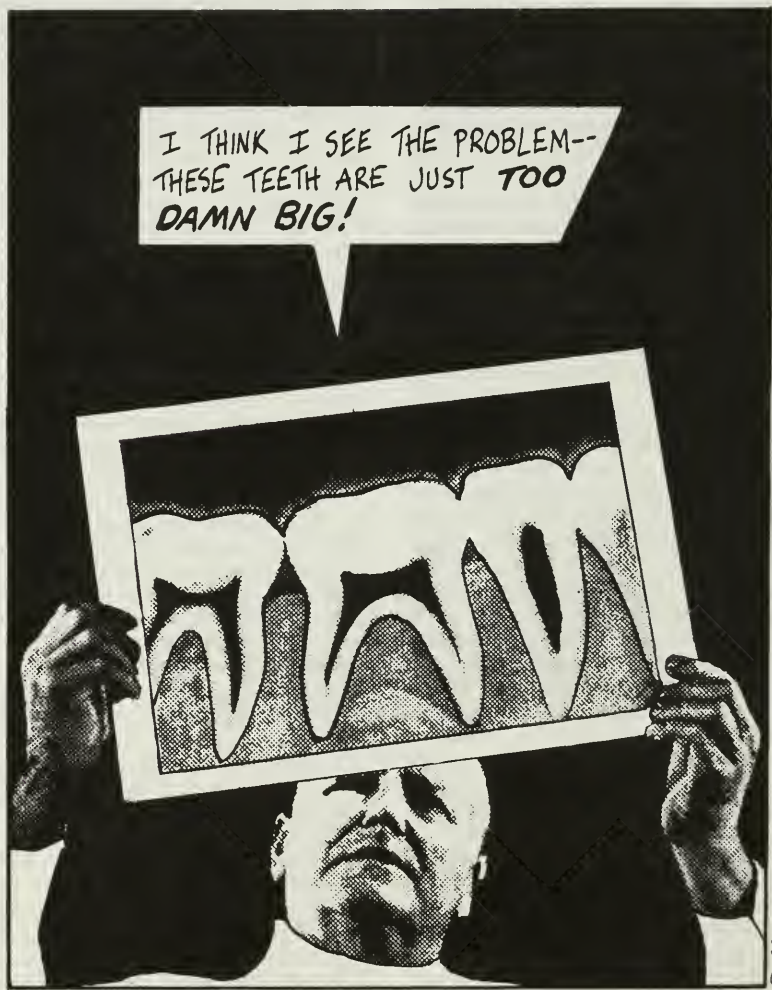
The heat wave lasts about ten days. The laundry cooks, the blood curdles, the Stains pile mounts towards the sky—and one day mysteriously disappears without a trace. We start a new pile with a fresh blob of bloody tissue from some recent—hopefully successful—operation. Jack gets stuck several more times with syringes, and we pull in enough money from doctors' jackets to buy our afternoon snacks.

The heat wave fades away, Fall comes, the months drone by. One day, I am offered a dishwashing job in a restaurant. I jump at the chance of steady work in such a reputable occupation, and give my one week's notice without regrets.

Some weeks later I'm scrubbing out the grease traps from the grill and listening to the news. Freddy the cook is out unloading slabs of cheese for his cheddarburgers. Nothing much happening in the news that day, except for the last story. The entire state has run out of gamma globulin and is appealing to the federal government for extra supplies. A terrible statewide epidemic of hepatitis has been traced to the laundry workers at the hospital where I used to work. Apparently, every single hospital laundry worker contracted hepatitis and spread it to family and friends. Fortunately for me, my eyes don't show a trace of jaundice; that's one souvenir I didn't carry away from the sorting bin. But I still always snap my towel when I'm at the laundromat.



by Jay Clemens



© 1987 Graphic by Tom Tomorrow

MY PINK BABIES

are having pinker babies
montage of blue-green eyes
the splice of life
genetic hegemony
unconscious and correctly
proletariat but what
the hell my menses
are meandering
history dribbled down
my thighs I've
added to the pool:
gene, car, swimming
like those funny drawings
of sperm we watched on film
in gym class before
The Sexual Revolution
I won my purple heart
stains on nylon panties
don't ask
I gave at the office
I gave in the back seat
at the drive-in
I gave in a sleeping bag
at Stinson Beach
I gave in most of the
Western States
and Canada, too
I looked for pot
under a neon rainbow
I found community property
and a final decree
but my pink daughters
will splash red
let the nation's
labor rooms resound

by Carol Tarlen

#2, Parking Lot, Ford Sterling Plant

Empty pallets stacked against the fence,
a few cars scattered across the blacktop,
a barren landscape decaying under grey sky.

*167 days since the last work-loss accident
This lot under closed-circuit surveillance
Authorized personnel only*

An empty bag blown flush against the fence.
A set of keys in the middle of an aisle.
A flattened oil can, a lottery ticket,
a paperback with no cover.

There's a man in this picture.
No one can find him.

by Jim Daniels

on your last day at the office i saw you wash your face
of the last four years of hassles
brown makeup strained suntan
down some drain in a women's room
they wouldn't let me into
you came out younger
as the girl almost a baby i once fell in love with
your face glowing a woman's glow

the rest of the office looked dusty
your manager dead to you as a paleolithic god
stood pot-bellied trying not to breathe in your presence
patting his pencil into his hand like a tom-tom
from inside this death museum i could see outside
bright where you would be next week
away from these reptilian caverns
my skin scaling green in envy

by Dale Jensen

DIGGER'S THANKSGIVING

You invite your parents over
because your mother can't do
turkeys anymore.

Your mother asks you
if you're still at Ford's
three times in ten minutes.
Your father talks on and on
about the football game on tv.
Your son hides in his room.

During dinner your mother repeats
"everything is so delicious,
so delicious," over and over.
You're hungover
and barely touch your plate.

They leave after pie
to get home by dark.
As your mother steps out the door
"everything is so delicious"
she falls and breaks an ankle.

In the hospital waiting room
you think of your parents
still living in the city
though they've both been mugged.
You want them to move to the suburbs
but they refuse.

*They're like tired flies, you think,
they barely move at all.
Just waiting for someone to kill them.
You try to think of something you could do.*

You think of putting them in a home.
You remember as a child
pulling the wings off of flies:
so delicious, so delicious.

by Jim Daniels

*Jim Daniels' poems in this issue are taken from his
volume PLACES/EVERYONE from Univ. of Wisconsin Press. Thanks!*

I've never liked the idea of health insurance, perhaps because I'm told I *have* to have it. People are shocked when I tell them I don't. Insurance is a product that we seem almost required to buy. It is a seller's market, but it wasn't always so. Not so long ago, people were completely uninsured. Somehow they got along without it—you and I are living proof.

I've always thought that I'd get by all right if something happened to me. State and city will not let me die out in the street. I have the right to health care, even if I'm broke. I know this as a fact, but always wondered what would happen if...I wrote this article for those of you who share my curiosity.

Sunday I was with my girlfriend, Olga, checking out the *TV GUIDE* and looking forward to a pleasant afternoon.

"We should do something," she said. "It's such a beautiful day."

"How about if we open the windows ↑

and smoke a joint?" I suggested.

"Willie, you're disgusting! All you ever want to do is smoke and drink and watch TV."

"And screw," I added hopefully.

"We are going to the beach," she told me. "You will thank me for it later."

Four hours later we are coming home, down Fulton Street, next to the park. The beach was nice, I'm feeling good. The motorcycle's humming under me, its tank is full of gas, but I'm running out of luck. I don't see a small dog run into the street. The car in front of me is stopping faster than my motorcycle can. As Olga tightens her grip on me, I try to get around; there isn't time. For a moment I cannot believe that this is happening.

The impact doesn't knock me out. I've landed on my ass and Olga's sprawled out on the street a couple of yards away.

She looks at me in disbelief. She isn't ↑

hurt, but I am bleeding freely from the face and my left leg. The motorcycle lies beside the car I've hit. Slow traffic weaves its way around us. Assholes and voyeurs gather like vultures to gawk at us. They debate what should be done about the bike.

"Shouldn't we move it?" someone asks. "It's leaking gas." She's got that right. About a gallon so far.

"I don't think so," a man answers. "We should wait for the police." He'd rather see my bike burn up than move what might be evidence.

I find that I can stand. I get the bike back up and kick the fender straight, then wheel it to the sidewalk. Olga helps me.

"Willie, you okay?" she asks.

"Don't know. My leg hurts pretty bad, but I can walk."

I light a cigarette; my hands are shaking. Cops arrive before I finish it.



An Uninsured Tail

An ambulance pulls in behind them; I refuse it.

"Are you sure?" one cop asks.

"Yeah, I can make it on my own."

He waves the ambulance away. "Well, you just saved yourself a hundred bucks," the cop informs me.

Olga finds a cab. We pay six bucks to get to San Francisco General Hospital and people's medicine. It is October 31, 3 p.m. Emergency is crowded.

As I stand in line for my admission interview I see the wounded all around me. Winos, whites and blacks, a hobo with a back pack, some Chinese and Latinos. Quite a variety of people, but we have a lot in common: we are poor and uninsured, the rats and coyotes of the great society.

It hurts to stand in line. My leg is throbbing, I've begun to sweat. My face feels cold. A Chinese man's ahead of me. Very old, he must be eighty, can't speak

English. They can't figure out what's wrong with him. A staff interpreter arrives and seems to understand a little bit of what he's saying.

Now a young guy, drunk, in his mid-twenties, comes up to the intake desk moaning, babbling, bleeding from the stomach. "Stabbed," he tells the woman at the desk, "Knife."

"What's your name?" she asks. "Where do you live?"

"Uhhgugugung."

"What's your name?" she asks again. "We have to know."

He starts to slump and braces himself with a bloody hand, leaving a red streak across the counter. "Umph," he mumbles. I can smell his breath from here, behind him, cheap wine mixed with vomit. The intake lady backs away from him, not sure what's coming next. I wouldn't want her job.

I'm starting to get dizzy, going into

shock. A doctor comes by with a cast around his leg. He pushes a "T" rack in front of him, a plasma bag bounces merrily along with it. A tube coming from the bag is tied around his arm. Very weird, an injured doctor. Now I see a nurse with a Charlie Chaplin mustache and a bowler hat on top, her head. I think I'm crossing over to the Twilight Zone, but Olga sees it too.

"It's Halloween," she tells me.

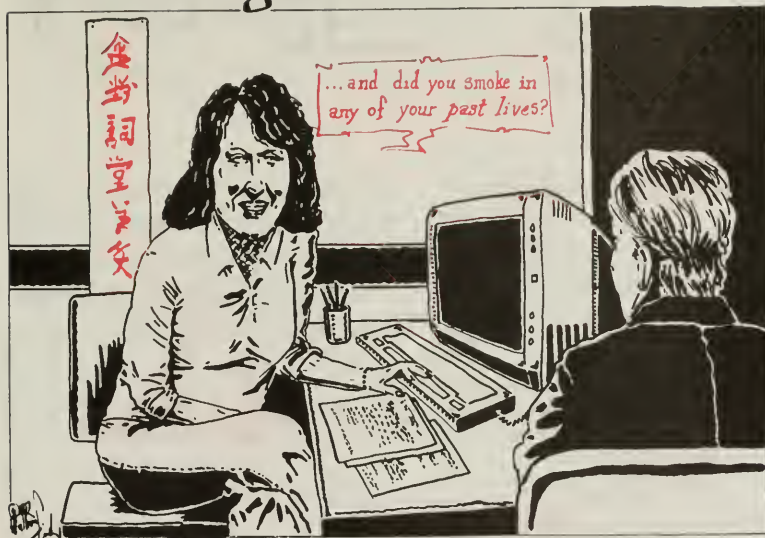
"Jesus!"

At last they take the stabbing victim somewhere on a gurney, and the man from China goes off with a nurse dressed in a clown costume. I wonder what he's thinking, poor old man, alone.

It's my turn to be questioned by the stern-faced intake lady. "Name?" she asks. I tell her. "Do you have insurance?"

"No." She asks a few more questions, then it's over and I take my place among the others who are waiting.

New Age Insurance.



Graphic by Matthew Finch

After an hour and forty minutes, someone calls my name. I go up to a window and receive a bright orange plastic I.D. card. Some time later, clown nurse comes by with an empty gurney, I climb on and say goodbye to Olga. There's no need for her to wait, I might be kept here overnight. The nurse wheels me away and into inner sanctums of Emergency to meet the intake person. As I strip, he asks me what has happened. "Motorcycle," I admit.

"I thought so," he writes something down as I relate the incident, then looks me over. "You're going to need some stitches in your face. I think your leg is broken. Just wait here, a nurse will take you down to X-Ray."

I'm left outside of one of the emergency rooms. The stabbing victim is inside.

"How big was the knife?" Two doctors question him.

"Gnuuuk!"

"Come on! We've got to know."

He gestures with his hands, like someone describing the size of a fish.

"Six inches?" one doc asks the other.

"Looks like."

Clown nurse reappears and takes me down to X-Ray. "What happened?" she asks.

"Motorcycle."

"It figures," she nods wisely.

I don't answer. After I get pictures taken, I am parked outside Emergency again to wait my turn to get fixed up. My knee is swelling like a pumpkin. I'm hurt worse than I had thought. My head aches. I am feeling loads of pain and fear. What's wrong with me? How bad? It's been three hours since the accident.

The clown comes back, a urine bottle in her hand. She isn't very funny. "You can do it under the sheet," she tells me. "There's too much going on for anyone to notice."

It is indeed a busy hallway. A young black woman gets wheeled in. They park her just ahead of me. She's all dressed up—date, I guess, or party. Car wreck. She is bleeding from a lot of places, crying. Her attendants leave her. She, like me, lies waiting now, in this cold white hallway, very much alone.

They finish with the stabbing victim. I am sure the woman will go next, but as they wheel him out, another gurney comes around the corner with two doctors and a nurse running alongside. A man's been shot and is very close to death. White uniforms appear from all directions, some bringing sparkling chrome equipment.

It's going to be a while before I see a doctor. I decide to sneak a piss. As I begin to urinate the place falls silent. I hear someone say, "His heart has stopped." The car-wreck woman next to me is freaking out, she moans and flails her arms. Her hand slides down the white tile wall and leaves a streak of blood. A cheer comes from inside the emergency room. They have restarted the man's heart.

It's just like in the movies. Heroes, noble healers. S.F. General has a rep for having the best trauma center in the state—they get a lot of practice. I just hope they get to me before I croak. I've been here in this fucking hallway two hours now. Another hour goes by, and then, at last, they come for me.

There are three doctors in the room. Or is it a doctor, an intern, and a resident? A doctor and two interns? Three interns and no doctor? Hard to keep it all together now. Someone is putting stitches in my face, I hope he's good at it. They practice on the poor, I hope this one's been a lot of us. One of the other two begins to build a cast around my leg.

"Come on," the one who seems to be in charge admonishes my plasterer, "We haven't got all day!" His words don't seem to help the situation. "Not like that, for Christ's sake! It goes this way. You are too damn slow."

It's taken me five hours to get inside this room. I wish they would take their time and do it right. It's like a combat zone, like *M*A*S*H* on television, only not so funny. They are quickly finished; right or wrong, it's done. The doctors leave. The plaster dries and I get off the table.

"Here's your crutches," someone tells me. Then he steps back to observe.



Graphic by Mari Galamari

"That looks all right. Take this, you're going to need it." He gives me a prescription for some pain pills. "Go that way," he points.

I make it to the check-out desk. The woman I need to see is talking on the phone. "And so I told him I don't care what Jerry says. I've never even thought about a thing like that. Can you imagine?" She goes on and on. I stand there waiting, feeling blood run down my leg inside the cast. My leg is aching, hip to ankle, and my face is hurting too. "Can you help me, please?" I venture.

Now she looks at me as if I am some sort of scum that's floated to the surface of her private pool. How dare I interrupt her conversation? "In a minute," she replies. She rattles on about her life as I begin to feel a surge of anger.

Up to now I've only felt defeat and shame; without money or insurance I am totally dependent on their mercy. I am powerless inside this place that I, as a member of the working class, have built and paid for. "Hey, miss! I really need some help. It hurts to stand here."

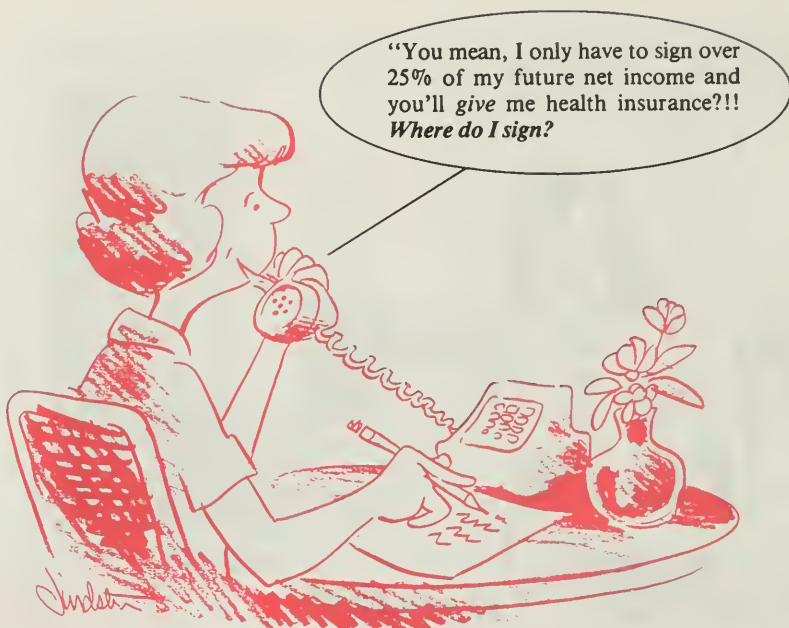
She puts down the phone and looks at me with undisguised hostility. Grudgingly, she finds some papers, flops them down for me to sign, then looks at my prescription. "I can't fill this," she informs me. "Doctor has to put his number in this square." She's pointing to a blank space on my script. "You'll have to have him fill this in."

"I don't know where he is."

"I don't either," she replies as she picks up the phone again.

The hallway's looking longer than Route 101 and I've got no idea what my doctor looks like, let alone where he might be. Well, fuck it. I will do without the pills. Just let me get back home to my own bed and sleep. "Do I keep all these papers?" Birdbrain doesn't answer, so I ask again, but she ignores me.

I give up and hobble to the lobby,



Graphic by Lucius Cabins

where I find another nurse. "Am I supposed to keep these papers?"

"Oh, no sir. Didn't they take these from you inside? They should have. Here, I'll take them for you."

I thank her for her kindness. It is 10 p.m. I've been inside this place for seven hours.

There are several cabs outside. I stumble into one. The driver looks at me like I'm from outer space. Another fifteen minutes and I'm back at my place, looking in the bathroom mirror. I can see why the cab driver was freaked. Both eyes are black, my face is caked with blood and dirt. They just washed off the area they put the stitches in, no time for more. I wash myself and go to bed. I have survived. I'm going to be okay — I think.

It didn't go like that. After one month of crutching, my right arm was paralyzed. I had pinched a nerve that runs up

through the armpit, because the crutches I was issued were too high. I couldn't move or feel my fingers, and I had to get a cast put on my wrist to keep it straight. The doctors seemed to think it was my fault.

"I've never given out wrong-sized crutches to anyone in my entire career," one told me.

In truth, I can't remember who it was that gave them to me. I think this guy was afraid I'd sue him. I would have if I'd had the time and energy.

If you don't have insurance, I would recommend that you find out which hospitals in your area accept medically indigent patients. Pick one, then go and register, before you have an accident or sickness. If you go on a weekday it won't take a lot of time. They ask the standard questions: name, address, how much you make. If you're a part-time worker, like myself, then estimate a monthly wage. They don't check out the facts you give them.

A discount factor will be put into your record according to the wages you report. A seven-hundred-dollar-a-month wage will get you a discount of approximately sixty percent. You will be given a plastic card to carry, just like a credit card. That's essentially what you're doing, establishing a credit account with a hospital. The card can save you going through a lot of shit when you are hurt or sick and want help in a hurry. I hope you get one, and I hope you never have to use it.

by Willie the Rat



Graphic by Lucius Cabins



M O R A L D A T A INC.

It was a simple assignment, they said. Routine, they said. As if he'd been given anything challenging since he'd blown the Barnswell mission. An artist. What the hell kind of tally could an artist record? The whole case was self-evident. "Lazy, vain, and selfish," Orwell had said of writers, but the label fit artists as well. No elaborate deals to monitor, as there would be for a businessman. No murders or tortures. Artists were simple, helpless people, unable to effect the slightest change in their environment, mere observers, bystanders. What was the use of even bothering with them, unless it was to make the curve on someone's graph look good?

This one lived out on the avenues, where nothing ever happened. A charming, inactive wife, whose name probably wasn't even on the rolls. A three-room apartment, the third room a studio where the entire transaction was to be conducted. He was wearing a beret when he opened the door, an unappealing anachronism that only emphasized for Lucid the abysmal irrelevance of the man.

"My name is Lorenzo Lucid. I'm your evaluator."

"Come in," the artist gestured with a grandiose, exaggerated motion. Lucid noticed the tiny carved painted hummingbird on his lapel. A meaningless affectation.

"Are you Kent Berenson, 6809 Judah Street, San Francisco?"

"I'm the man, not the street or the city." The artist smiled. Lucid did not.

"I'm here for your annual checkup. Are you prepared?"

"As best I can be."

"Is your wife at home?"

"She had to take one of the finches to the vet. She'll be back later."

"Never mind. She's not registered anyway, is she?"

"No."

"Do you understand the purpose of this visit?", Lucid asked. It was a mere formality, like reading a prisoner his rights.

"I think so. He knows if you've been good or bad, so be good for goodness sakes", the artist sang softly. Lucid was not amused. Obviously the man was going to be uncooperative. Never mind, he'd dealt with these wiseass creative types before. Threaten to cut off their allotment, that brings them around every time.

"Did you ever wonder how this all got started?", the man asked him, a devious twinkle in his eyes.

"I'll ask the questions, Berenson. But to answer that one, yes, I've read the history of Moral Data many times. I have no problem with it, do you?"

He watched the man carefully for signs of agitation, nervousness, deceit. Later, he would be able to replay the tape of their conversation, send it through voice stress analyzers; but as an experienced evaluator, Lucid prided



Graphic by JR Swanson

himself on being able to recognize the signals without the aid of machines.

"Computers are only as good as the information fed to them."

"That's right. 'Garbage in, garbage out', as the old saying went, but the sophistication of the contemporary system precludes error. Let's get started. You have some things to show me in your studio?"

"I do." With another sweeping wave of the hand and an absurd unnecessary bow, the artist escorted Lucid into a messy, cluttered space smelling of damp clay and greasy paint rags.

Stuffed animals, whole and in parts—horns, feet, fur, eyes, and skulls—lined one wall of the room. Lucid felt queasy, as if he were in a morgue.

"I subsidize my art with some freelance taxidermy. It's all on my tax form if you want to see it," Berenson said with a smirk. Lucid didn't like the man's attitude at all.

"You might lose points there for cruelty to animals."

"Oh no," he replied, "I only use dead animals. Someone else, many other people, are responsible for killing them. Once they are dead, I see no harm in restoring their shattered bodies for display, and neither does the computer. I've researched the matter. It's a neutral occupation, taxidermist, and in any case I'm classified as an artist by the machine, and that's a positive profession, morally that is," the artist said smugly.

"Positive but potentially negative, and in any case, vapid, without real power."

"My power comes from the viewing. Well, here, take a look." He lined up several recently completed pictures on easels and propped them up on counters for display. To Lucid, they were disgusting examples of decadent licentiousness and freedom run amok. He considered them weakwilled, these abstract, squiggly forms and shapes—shifting light and shadows with no content, nothing discernable or recognizable.

"This is all you've done in the last year?" Lucid asked incredulously.

"Not counting the hundreds of failures I've thrown away or painted over, yes. What do you think?"

"Words fail me." Lucid didn't want to provoke the man. Later, in the privacy

of his office, he could write the damning report.

"No, come on," the obnoxious man was insisting, "Give me your opinion. Do you feel the pain in my work? The anguish? The repressed anger?"

"Yes, I suppose so." Lucid forced himself to contemplate them again. No, they did nothing for him. They were mere blobs and splotches spoiling a neatly woven piece of stretched cloth.

"How much do you think one of these would sell for?" the artist goaded him.

"I have no idea."

"Take a guess."

"Five hundred dollars."

"Thank you, that's a compliment. Actually, though, any number you named would have been okay, you know why? I haven't sold any this year."

"None?"

"Not a one."

"So you're entirely dependent on the government dole?"

"That and what little my wife makes, yes."

"I suppose you'd like to keep those checks coming, wouldn't you?"

"Yes. Fortunately, when your computer was programmed, it accommodated for statistics which show that many artists achieve success posthumously; therefore, current sales are not considered in the evaluation. You see, I've looked up everything pertinent to myself in the files. You can still do that, you know. After all, this is America."

Lucid's dislike for the man grew by the minute. Who did he think he was, this bohemian, this fringe element, shoving pride of country in his face, or rather the leering catcall of libertinism under the guise and protection of patriotism? He wouldn't have it.

"Let me see your voting sheet." It was a command, not a request. Records were kept, not on whom one voted for, but only how often, a shill to ensure citizen participation.

"I'm sorry, I don't vote."

"What?"

"I haven't seen a good candidate since,

say, Mahatma Gandhi. Now there was a man with principles."

"Not voting?" Lucid's attention was suddenly aquiver. Here was a fresh game afoot. Not voting was tantamount to admitting that you were a moral deviant of some kind. There'd have to be a pile of good works on the other side of the ledger or he would have this insufferable ass by the throat.

"What do you do instead?"

"How do you mean?"

Either the man was playing him for a fool or he was about to lose much more than just his allotment.

"I'm talking about good deeds, certifiable morally positive aspects of your life. Are you, for example, a Little League coach, or a community leader, a hospital volunteer?"

"None of the above."

"Are you a member of any of the Armed Forces Reserves, volunteer fire department, Red Cross, or Salvation Army?"

"I'm a painter. I paint. Occasionally I stuff dead animals for money."

"Mr. Berenson, I want you to understand the seriousness of what you're telling me. You're the very kind of person this whole system was set up to identify and rehabilitate or eliminate."

"What kind of person is that?"

"The ones who were freeloading, taking advantage of all the good things society had to offer but not contributing anything in return."

"You're wrong."

"I'm wrong."

"Yes. I've studied the whole thing. I told you, all I have to do is paint. I can't be judged until a suitable period after my death, and then what can you do to me? So you see, Mr. Lucid, I'm beyond your reach."

Later on, back at the office, Lucid logged on and analyzed the section of the Moral Code pertaining to artists. It was exactly as the bastard had said when he coldly ushered Lucid to the door, scornful of his threats.

The computer liked Mr. Berenson's

work. The computer was a collector, and kept some of Berenson's paintings in the video interface for leisurely viewing in offpeak hours. Lucid accessed the written catalog listing that accompanied the two pieces:

BERENSON, KENT (1947-)

American neo-Expressionist, primitif, no art-school training. Known for bold strobework, innovative use of once-lost gessoing techniques.

1. *The Joyous Juggler*, (1978) acrylic on wood: Of this piece the artist has said: "The Sun-god does some difficult tricks with the planets as balls."

2. *Uncaging the Animals*, (1982) fur, feather, and bone collage on woolen weaving: "The effect is visceral." Times critic Leonard Donne

"Who programmed that damn thing?" Lucid grumbled to himself, and snapped off the monitor. "The government should never have subcontracted it to a private company."

Melinda Berenson returned from the veterinarian at four-thirty in the afternoon. She found her husband hard at work on a new canvas. He called her into the smoke-filled room excitedly. (He always smoked a pipe when his work was going well; Lucid would have hated it had he known.)

"Look at this, my dear," he showed her proudly. "What do you think of it?"

"It's wonderful. What do you call it?"

"I'm going to title it: *Visit from the Evaluator*."

"Oh, was he here today?"

"Yes."

"He didn't want to talk to me?"

"No."

"Just as well."

"Yes, if he knew all the things you were into, sweetheart, he'd have you arrested. Executed, probably."

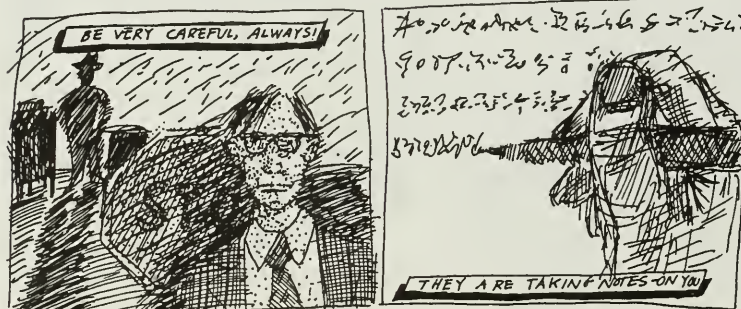
"The Moral Data computer is a sexist."

"Yes. How is Barnaby?"

"A cold in his little chest. I got some drops for it."

With a colorful flourish the artist slashed at the waiting canvas.

"Voila!" he said.



Graphic by Mars



by Steve Billias

Would You?

The job paid \$6.50 an hour to push petunias at a “garden center” attached to a cheap carpet store on Bayshore Boulevard, a place called Floorcraft. Well at least it would get me out of the office and into the gardening business. Nurseries are good gossip centers: I would learn who’s hiring, talk to people and make arrangements to work for them, develop my own business.

OK, I’m interested.

Well, there is one thing, I don’t approve of it, but we’re part of a larger operation, and the management requires it. I’m going to have to ask you to take a polygraph test.

Whoohah. Creepout city.

Yeah, I know. A lot of people have problems with it. They just ask questions about whether or not you’ve ever shoplifted, whether you’ve stolen from an employer, whether you’re on any hard drugs. I can tell you should have no problem with it.

I’ve always been fascinated by things like phone taps, bugs, surveillance data bases, but especially lie detectors—machines that circumvent fibbing, that lovely act that makes social life possible. I once did civil disobedience, not because I think it’s a great tactic, but because I wanted to see

what it’s like inside a jail. Such forays are a way of confronting a power in a contained way, learning what it’s about, shedding its secrecy, robbing its strength. Kind of like S and M!

Tuesday, June 16, 1987. Summer of Love in the Haight Ashbury twenty years later. The office was at 1781 Haight Street near Stanyan. A hippy answered the door. He led me into a rambling, musty and worn railroad flat, a former crash pad. Now the place was strewn with used office furniture instead of Indian cotton bedspreads and streaks of fluorescent orange glimmered underneath beige paint. Stopping in front of a battered naugahyde sofa in the hall, the hippy stopped and told me the “interviewer” would be just a few minutes late but that I could just have a seat and look through those magazines, pointing at a tiny formica etagere. No thanks. I chose to study the details of a “decorator painting” of Venice, harvest gold dome of St. Marks, avocado green gondolas. Fifteen minutes later, having permanently corrupted my visual memory of Venice, I broke down and looked through the bookcase. Sure enough, underneath piles of Readers Digest and TWA flight magazines was a copy of *Acid Dreams: LSD, the CIA, and the Sixties Rebellion*. Piss and love.

I listened to the guy talk to a prospective customer on the phone. Yes the tests are very thorough and conclusive. We go through the clients’ work histories, their personal finances, whether they’ve ever stolen from their employer, and “custom questions” to fit your situation. Of course, people are a little nervous when they first come in. But the test is painless and 99 percent thank us when its through. We charge \$60.

Thirty five minutes later and I was getting pretty fucking disgusted with waiting around. Finally, I heard fumbblings at the door—one minute, two. The stupidest people in the world always turn out to be cops. This jerk couldn’t

even turn his own lock. I got up and swung the door open, startling this bimbo, hair dyed Lucille Ball red, reeking of perfume and dripping bright rayon scarfs and dross chains. Sort of Gypsy style but without the design integrity.

Gee, this is a change, a client answering the door. Are you my nine o’clock?

I raised my wrist and looked at my watch. Yes.

Behind her was a man—neat, contained, firm pot belly, cowboy boots. I could tell he had spent too much time in either the police or the military or both. After a quick look we knew we despised each other.

I was given a form—name, date, address, position applying for, read the release and sign. The release says that under California law, an employer cannot ask an employee to take a polygraph test as a condition either of hire or of continued employment. The form asked me to recognize this, sign, and take the test anyway. Ironical—in the name of employee honesty, Floorcraft was doing something illegal. I wrote an addendum restricting the firm from releasing the results of the test to anybody but Floorcraft—something not mentioned in the release.

They all went to the back of the flat and jabbered. I waited five minutes after completing the form, just to build up my exasperation, marched in and announced to the three I’m ready. I was led into a small room containing a desk and two chairs. The redneck was to be my interrogator. He had a photocopied form. He explained that he was just visiting, that he had his own business someplace else, excuse him if he stumbles on some of the questions, but gee, *the forms are pretty similar after all*.

The strategy of the interrogation is to extract detailed responses before hooking you up to the machine. After you’re hooked up, the interrogator goes down the list of themes, asking if you had answered truthfully. The machine is not accurate, especially if you’re out to beat

Have You?

it. It's a psychological torture device, a shortcut to wearing down your resistance.



Graphic by I.B. Nelson

He began by asking me about my medical history. Am I seeing a doctor. Yes. What about. I get migraines. Are they treatable, do they ever stop you from going to work. I mused about claiming that I had anal warts and that was why I was trying to get out of office work—too much sitting.

Have I ever lied. Of course. Please wait till I finish a question before you answer. Have you ever lied in order to stay out of serious trouble.

How much do you estimate that you drink on any given night. How much in a week? Do you now have, or have you ever had, a drinking problem.

He started to question me about "street" drugs. I told him flat out that I refused to answer any questions about drugs. So we skipped a list of maybe thirty drugs. He would have wanted to know when I had taken them, how much I had taken, if I was continuing to take them.

If I had to pay off all my debts, what would that come to. Have I ever been past due on a payment. Have I ever declared bankruptcy. There were big spaces on his form for this one. Have I ever been convicted by a court. My driving record—any moving violations that were my fault.

He had an elaborate introduction for have-you-ever-stolen-from-an-employer:

We realize that there are no little angels running around out there. All we ask is that you answer truthfully. If you mess up, forget something, that's all right. I'll go back and help you through it. I told

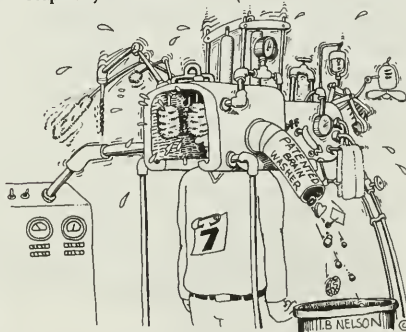
him that I have been working in offices and I have taken pens now and then you know how you stick them in your shirt pocket you take them home lay them on your desk and somehow you never have to buy pens. Oh yeah and I took a binder once to hold notes. Disappointed, he asked is that all? I think long and hard. No. What would you estimate the total value of all you've stolen. Uh, nineteen dollars and fifty three cents. Did I fill out my application accurately and completely. Have I ever been fired or asked to resign from a job. I'm sure there would have been requests for details if I said yes. Was my resume truthful.

That was it. He ran through what he would ask me on the machine. One new question—would I lie if I thought I would get away with it. The rest were short summations of the previous lengthy interrogation. Do I have a medical problem that would interfere with the performance of my job duties. Have I ever lied to stay out of serious trouble. Do I have a drinking problem.

Next he connected me to the machine: a chain with an expansion gauge around my chest, another around my abdomen, an inflatable cuff pulse monitor (like they use to take your blood pressure) around my upper arm, and two jingly tingle sensors on my fingertips (my favorite accessory).

He announced that he was going to ask me six questions, to all of which I would answer no, and consequently lie to one. This would show him what it looked like when I lied. Is it Sunday? No. A longish pause while he waits for my body signs to get back to normal. Is it

Graphic by I.B. Nelson



Monday? No. Pause. Is it Tuesday? No. (The lie, you see). Pause. Is it...

In *PW* #10 we ran a fact sheet on how to pass a lie detector test. I followed a strategy of relaxing when I lied, tensing up when I told the truth. Feet flat on the floor, we began. Would you. Have you. Did you.

The interrogator was irritated with me. I fucked around with my pulse rate and breathing patterns, he couldn't arrive at what was normal for me. Also, I moved around too much. That is, I would move my head and sigh in exasperation at the invasive questions. He barked, stop moving. There is a very sensitive component in this machine that costs \$700 to replace.

Oh, you mean if I thrash around like this



it breaks something?

I didn't thrash.

I should have. But I didn't, partly because the guy was big and I felt physically intimidated. But partly I was having a hard time keeping my thoughts straight. Let's see, is it relax when you tell the truth and tense up when you lie. Or is it the other way around. I couldn't remember. So by now I was just tense all the time. I wanted it to end.

Well, I can't tell what's going on, he said. We're going to have to go through the questions one more time. Remain still. When you move your head, it causes your neck to move and that causes your chest to move. If you have to take a deep breath, do it between questions. The test is about to begin. Would you. Have you. Did you.

Finally, it was over. Remain still until I take the equipment off you. I looked down at my right hand. It was blue from being bound by the cuff. As I write this account two days later, I stop now and then to massage my arm, still sore from having the circulation constricted for almost half an hour.

When I was unleashed, the man said, I can't tell whether you were lying or telling the truth, but I can tell you didn't like taking the test. Why not.

I told him I thought it was wrong, a poor substitute for paying employees

DID YOU?!?

decent wages, conducting informative interviews, checking references. Let me ask you this, if you had a business from which employees were stealing millions of dollars, what would you do.

That's a stupid question, I would never place myself in that position.

He leans back. The two questions that I'm getting a slightly unusual response on are stealing from previous employers and being accurate on your resume. Well, I said, I was honest about stealing. Then I made a mistake. I said resumes are by nature amplified. But everything is correct and documentable (the truth).

What do you mean, what was amplified.

By this time I was unnerved. I should not have drawn him past where we had already been. I had been unnerved and was tripping over hurdles that thirty minutes earlier I would have easily

avoided. I blocked: if Floorcraft has any specific questions, I would be glad to address them directly.

The guy leaned forward. People like you make my job ten times harder.

I leave feeling elated. I really frustrated that guy. But I am sick for two days, fending off migraines and nausea. Describing the encounter later, my voice breaks and I know I could cry very easily. I am hyperaware of the presence of police. When I go to a store and notice that several of the clerks are new, I wonder, has there been a purge, did they all have to take polygraph tests?

Don't take polygraph tests. Check to see if you are legally protected from the compulsion. If you're not, still don't take it. After one sordid hour, someone will have a file of information on you that you will regret. But if you are forced, really forced to take the test, practice

responding to the questions above with a friend. Make your responses brief. Don't divulge any real information. I would not have told the guy about my migraines. No elaborate stories—they get too hard to keep straight. If you're going to lie, lie all the way. For instance, instead of admitting to ever having taken pens and a binder, I would have said I have never taken anything of substantial value that I can remember. The questioner will ask for details, what you mean. But stick to your first response. Store those responses in a little cell in your head. Make them real, they are real, certainly more real than their hypocritical morality.

A few days later, the nursery manager calls. Well, when can you come to work.

That's ok. I've decided not to take the job.

by Mark Leger



Drawing by Chris McGlaughlin

SEE PW #10 FOR HELPFUL HINTS ON TAKING LIE DETECTOR TESTS...



It's 3:45 p.m. You've been xeroxing and collating materials to stuff into 800 envelopes since yesterday afternoon. It simply *has* to be out in today's mail. Only about half of the envelopes are full, and there's still the sealing and stamping to do in the next 75 minutes.

Suddenly the boss bursts in and says "Hey, how did this happen?!" He is pointing at the bottom margin on one of the inserts. The text ends less than a half-inch from the bottom!

"I'm sorry, but you'll have to do these over. Get them printed out and xeroxed all over. If you'd done it right from the start you wouldn't have this problem!" He stomps out in a huff.

Anxious? Nerves frayed? Is it your fault? Is it just that you don't fit in? That you can't cope with the responsibilities you must grow up and learn to handle?

Take another example: You've been processing words on a VDT for the past six-and-a-half hours,



with a half-hour lunch break for coffee tasting like hot water that's had a brown crayon soaking in it for a few hours. The stuffy windowless room in which "your" workstation resides has only the persistent hum of computers and the clackety-clack of pounding keyboards to remind you that you are not completely without sensation (the blurry vision and lower back-ache you've developed also prove you can feel.)

One of the lawyers you work for rushes in with a pile of scribbled notes and a series of charts and says "Listen, this is *really* a rush job...gotta have it in an hour. It's for a really important case and we're meeting the judge in chambers in an hour and a half. I want you to drop everything and get this done!!"

Of course, it doesn't occur to him that no one could possibly get something like that typed in less than three hours. He's screwed around so long, and missed his own deadlines so badly that no one and nothing can save him now. Nevertheless, it took you two months to land this job and you've seen a couple of people get the ax for stepping out of line, so you have to try to do it, or lose your job.

Stomach hurt? Headaches? Nervous twitches appearing in odd places? Regular nightmares about work? You've caught it! **STRESS!!** The effects of stress can be quite far-reaching. Among the more fearsome results are heart disease, nervous system disorders, assorted inexplicable physical malfunctions, sometimes even dramatic pain.

Office workers, especially VDT operators, are statistically prone to much higher levels of stress than many other occupations. Some studies claim that VDT operators suffer higher levels of stress than air traffic controllers. The causes for these statistics are undoubtedly to be found in the work performed: highly detailed, but intrinsically useless data shuffling, under intense pressure for speed and accuracy. And the actual work environment, cut off from fresh air and sunshine, has plenty to do with it too.

Lately more and more attention is being paid to this pervasive fact of modern life. Popular psychology has spawned a large, detailed analysis of stress and its effects. Amidst all the publicity on stress there flourishes a sub-industry of psychologists, employee relations specialists, time management consultants, etc., all of whom proclaim their ability to help the stress-stricken individual learn to cope with the myriad causes of stress.

Unfortunately the "human service" provided by these apparent do-gooder professionals is one of the most cynical or self-deluded approaches to the pre-

sent-day human malaise. The "stress-managers" are bound by their own economic needs to present stress as something curable when individuals buy the service they are selling, namely "stress therapy." It's not enough that work, survival, life itself are making you feel tense; there has to be someone there to make money from that too!

When you "get" stress, have you caught something? Or is it more accurate to say that we are all *caught* by situations which force us to put up with ridiculous and humiliating demands, as often as not simply to fulfill the arbitrary whim of some jerk manager?

Stress is not a result of individual failings. It is the result of an irrational and inhumane society. The solution to stress will not be found in any special seminar, or in any special meditation or exercise techniques (though it is true that some such techniques help some people temporarily cope with some *results* of stress). Stress is such a fundamental part of contemporary society that it will take a deliberate restructuring of the social order to reduce it in any real sense.

In the meantime, what can we do to alleviate the more overwhelming aspects of stress? On the job, nothing helps puncture the tension like resistance to the hurried "necessity" of imposed work demands. As long as one needs to hold a job, a certain amount of self-sacrifice and misery is unavoidable. But the *source* of stress can be confronted by keeping the pressing, yet trivial, demands of work in perspective. If a spirit of humorous disrespect and ridicule for the compelling time demands of the job prevails among the workforce, stress can be reduced to a level where it becomes more boredom than tension. Another source of temporary relief can be found in unofficial use of workplace resources (e.g., making personal phone calls, appropriating postage and office supplies, etc.).

Fighting the tyranny of work routines can be stress-inducing in itself. Going it alone can easily result in being fired. So, solidarity is vital in the fight for a less coercive work environment.

Stress is a social disease; and it has a social cure: changing the way people treat each other by changing the society in which they interact. We "average folks" are the only ones who can solve the problem of stress. We can begin by rejecting the idea of stress as a product of individual failure, with individual solutions, and by continuing to pursue alternatives to the authoritarian institutions which impose stress as a way of life.



— Nasty Secretaries Liberation Front

STRESS IS A SOCIAL DISEASE; AND IT HAS A SOCIAL CURE.



Derailment From the Fast Track

*Fear and Loathing
in the Pharmaceutical
Industry*

I should have known something was wrong the first day I started working at The Firm, a large pharmaceutical conglomerate headquartered in Chicago. Several peppy executive types marched up to me, shook my hand, and boomed "Welcome aboard!" Aboard what? I wondered. The Orient Express? A slow boat to China? A freight train to Hell?

In time, the answer became painfully obvious. I was on board the yuppie fast track, in the belly of the beast...

This is the story of how the combined cosmic forces of a midlife crisis and **Processed World** set one woman free. It's a fairly typical pattern: sex, drugs, and rock 'n' roll in the 60s, a prolonged hangover throughout much of the 70s, and an upwardly mobile career track in the 80s.

I graduated from college in 1967 and immediately left the dusty Midwest for San Francisco with flowers in my hair. Then the Haight got kind of sad and the flowers wilted, so I took my act back home to become a writer. Twenty stupefying years later, I woke up to find myself the in-house writer for The Firm, a multinational concern specializing in cardiovascular drugs and large-scale larceny. Half of The Firm's profits went into developing bigger and better drugs. The other half, it was rumored, went up the president's nose.

The Firm was run by crazed, power-mad martinets from the 50s and the equally crazed and driven yuppies who did their bidding, asskissing all the way to Senior Product Management (The Firm's ideal of Nirvana). Where were all the 60s people? Was I alone in the Void???

At The Firm, I was in charge of stroking the house organ, a monumentally dreary little sales magazine called "HeartBeat." "HeartBeat" was supposed

to get the sales force all hot and bothered so they'd run around the country hawking our drugs and demolishing the competition by any means short of industrial sabotage. The Firm dangled glorious carrots in front of these willing donkeys, like mucho bonus bucks for the high achievers and trips to Las Vegas for the high rollers. Once a year, all heart patients who had been taking one of our products for ten consecutive years—and were still alive and ticking—were invited, courtesy of The Firm, to participate in a relay race held in Palm Springs. I could not help but wonder that the minds capable of creating a relay race for coronary victims were capable of anything. Nevertheless, I put my scruples aside and duly reported all this shit in "HeartBeat."

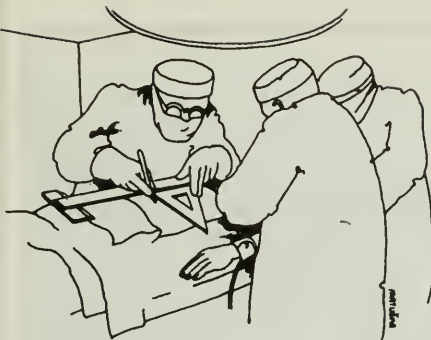
To add insult to injury, "HeartBeat" was presided over by a 250-lb., middle-

aged monolith named Myrna. Myrna was a stone asskisser from way back and, as luck would have it, the office snitch. If I wrote anything remotely inventive or off-beat, Myrna would red-pencil it all the way to Hell and back. She was the stalwart guardian of the mundane and the mediocre, and she defended her territories ferociously. Myrna was prim and prissy and a total pain the ass. Her favorite expression was "That isn't company policy."

Ironically, despite all her drooling devotion to company policy, Myrna was one of the biggest goof-offs at The Firm. Her quirk was chronic absenteeism, and she displayed a singular talent for inventing some pretty bizarre reasons for missing work. Some of her favorite excuses revolved around her cat, Babs, such as "Babs threw up and I had to rush her to the Vet," or "Babs went into

Graphic by Mari Calamari





cardiac arrest and I had to call an ambulance to resuscitate her," or (her finest hour) "Babs buried my house keys in her kitty litter box and I couldn't leave home until I found them."

When she ran out of Babs the Cat excuses, gargantuan disasters would befall the gargantuan wacko. The notorious Chicago winds would shatter her apartment windows...a band of marauding gypsies would mug her on the way to work...salmonella poisoning would seize her at lunch...the tenants in her next-door apartment would be murdered and Myrna would have to wait for the police...a mysterious breed of killer cockroaches, never before seen above the Mason-Dixon line, would invade her apartment necessitating a three-day extermination period which Myrna would have to supervise.

Yes indeed, Myrna was one sick lady. She had a little pig face and a tight, compressed, little mouth and (no doubt about it) a tight, compressed little asshole. She probably hadn't had a good shit or a good lay in years. So the venom festered within, ballooning her into a bilious blob lashing out at life.

I couldn't stand to be in the same room with her, much less engage in conversation, so soon I stopped writing anything that would summon the dreaded red pencil and subsequent "editorial conference" with Myrna. After five angst-filled years, I got to the point where I could churn out articles unconscious at my desk (which I frequently was).

Let's seriously question my sanity for remaining in this hellhole for five years, let me assure you it was not all sturm und drang. Consider the finer point of life at The Firm: I made a righteous amount of money; I did not have to work very hard (a hippie ideal); and I had some real nice perks like traveling around the country to sales meetings. I thought I had made my peace with The Firm. I figured, "Okay, this is it. I'll roll with it."

But then I turned 40 and it wasn't it—not by a long shot. I began to do some serious soul-searching. The first

sign I had of impending insurrection was that I abandoned my fast-track colleagues and began hanging out with the office temps. I, who had formerly thought the The Firm was peopled exclusively with yuppies, suddenly found where my fellow 60s compatriots were. They were the office temps and they looked like they were having a real good time. One particularly insidious temp named Wolfman Jack introduced me to **Processed World**. And that, my friends, was the start of my undoing and eventual salvation.

Things got curiouser and curiouser: I was like a creature possessed. I discarded my business suits for increasingly inappropriate office attire. I threw away my attache case. I put up a Jimi Hendrix poster in my office. I defiantly clamped on headphones and blasted the Grateful Dead whenever Myrna waddled into my office waving her dreaded red pencil.

Pretty soon I attracted a secret coven of hippies. Strange and wondrous beings, whom I had previously dismissed as straight, suddenly metamorphosized in my office and confessed they were at Woodstock, including three staff members of "HeartBeat" to my eternal delight. One of The Firm's doctors admitted to working at the Haight Ashbury Free Clinic. There were now 12 of us at The Firm (like the Apostles, I suppose), and we careened gleefully into the corporate structure.

Strange graffiti, such as "Fuck The Firm" and "Make Love Not Drugs," began to appear on the hallowed halls of The Firm. It puzzled everyone, since no one had ever dared deface company property before. (The graffiti were ultimately blamed on the outside messenger force.) In a rare gesture of Yuletide good will, The Firm erected a Christmas tree in the lobby, decorated with bright red birds instead of ornaments. One by one, the birds mysteriously disappeared and turned up in the most astonishing places—belly-up in urinals in the executive washroom...perched on the statue of The Firm's founder...peeking out ominously from behind the curtains at

sales conferences. Every week, The Firm's xerox machines inexplicably went into overload because they were churning out hundreds of particularly flagrant **Processed World** cartoons for corporate distribution.

Production at "HeartBeat" ground to a halt, as we were all way too busy on an underground publication called "HeartBurn." I was especially pleased with the logo I had created—"HeartBurn...pharmaceuticals are not just our business, they're our way of life." Never before in the history of that wretched little rag had so much work been done so cheerfully and so quickly by so few. There was joy in the air!

In no time at all I was getting called into the VP's office and questioned about my "attitude problem." But I didn't have an "attitude problem" any longer. For the first time in years, I was amazingly clear about what I wanted in life and where I was going—and it sure as shit wasn't along the fucking yuppie fast track with a bunch of pharmaceutical industry fascists. No, a totally different set of pharmaceuticals had helped to shape me in my formative years and they didn't fail me now. I knew what I had to do. I marched in the VP's office and quit.

The first thing I did to celebrate my freedom was buy a plane ticket to San Francisco. When I came here this past June, I discovered that it was the 20th anniversary celebration of the Summer of Love. Kismet! It took 20 years for me to come full circle—in classically perfect symmetry. In 1967, I came to San Francisco with no job and in 1987 I returned—again with no job. The circle had closed and I was free.

I now plan to become a freelance writer. It's 20 years later, but I'm going to do it right this time, no more getting side-tracked by the fast track. I've even got my commemorative 1967/1987 Haight-Ashbury tie-dyed T-shirt as a lucky talisman.

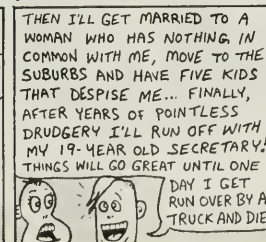
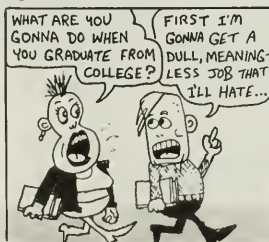
Thank you **Processed World**, derailment is heavenly.

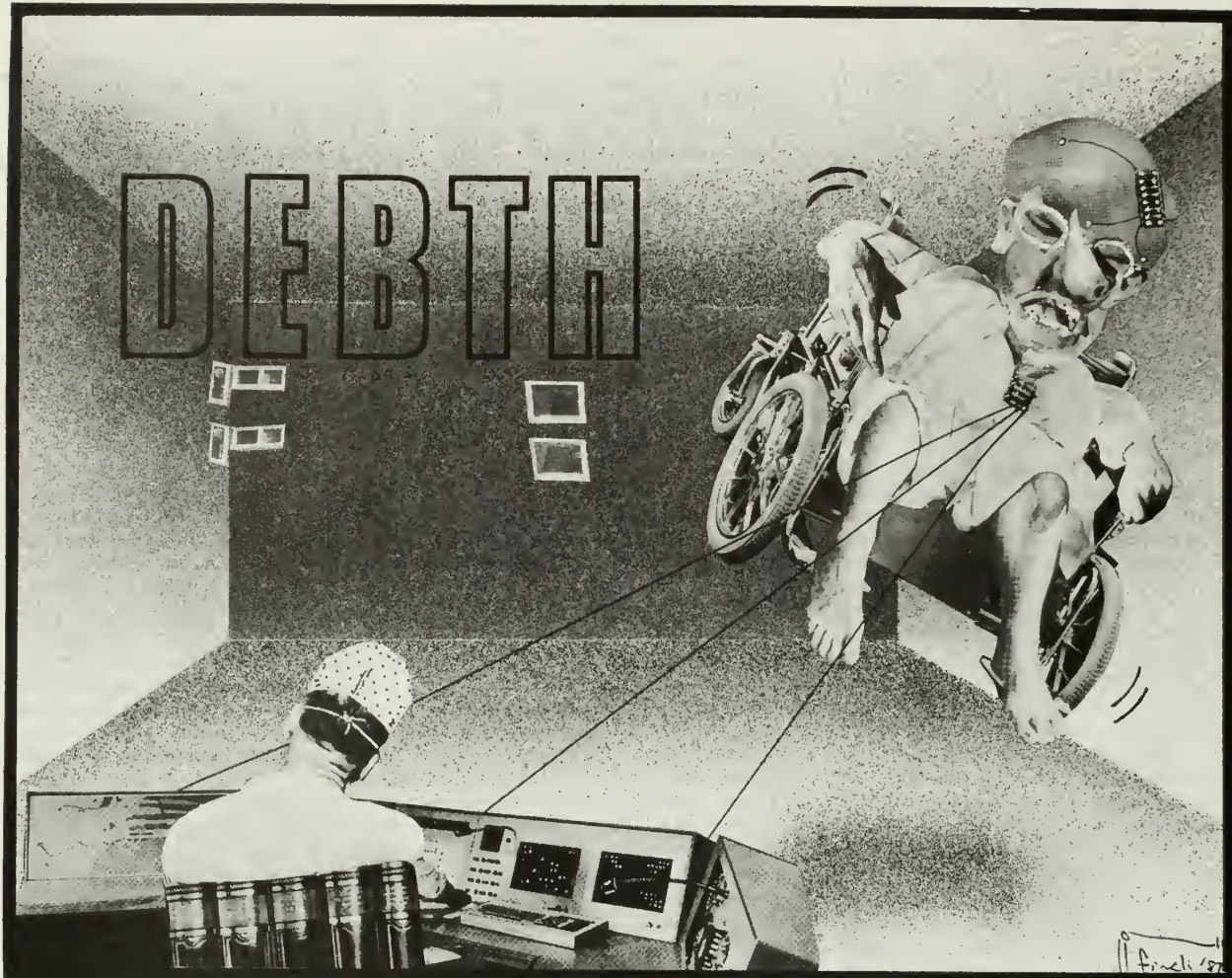


by Madame Curie

BeZerKELy Comix

by Ace Backwards ©1986





Graphic by Matthew Finch

Stan sat in the waiting room, nervously fingering his black eye patch. He lifted it for a moment, exposing the empty socket to air, and placed an I Love Billy button through the patch. He hopped over to the mirror next to the receptionist's window, and checked the effect. Its slightly crooked angle, he decided, gave it that extra individuality.

The receptionist, at his desk, smiled at him.

"That's real nice, Stan."

"Thanks, Harry."

"How is Billy, haven't seen him in many moons," Harry said, watching his typewriter.

"And you won't, either. I keep him far away from this hellhole."

"I hear you, Stan. How old is he by now? Sixteen?"

"Fourteen. Helluva good boy. Like his old man," he laughed. "Shit," he said suddenly, looking down at his missing left foot. "Goddamn."

"What's the matter?" Harry said, not looking up.

"Been two years, damn thing still hurts like hell sometimes."

"Oh. Phantom pains."

"Phantom my ass. It's real pain, Harry, real pain." Stan stared in wonder at the floor, where his foot should've been. "Now why do you suppose it does that, anyway?"

"My theory," Harry answered, "is that it's a kind of echo of your real limb."

"Echo, huh," Stan pondered. "My theory is that damn doctor's got my foot somewhere alive, sitting in a bottle of

chemicals, and he's sticking pins in it."

"For one thing, Stan," Harry began, a bit perturbed, "all the 'tates we get—limbs and organs—are taken to the bank—every day. Dr. Pound doesn't *keep* any, for goodness' sake. He's much too busy to be dabbling in voodoo."

"Shit," Stan said aimlessly. He hopped back to his seat.

"And use your crutches," Harry scolded.

At that moment, a woman entered the door and walked up to the receptionist's window.

"Harry," she said.

"Oh, hello, Louise, on time for once."

"Present me a trophy," she said, sitting down across from Stan.

"Figures the day you're on time," Harry said, "is the day the doctor's behind."

"Figures," she said, smiling at Stan.

He smiled back. She was, he estimated, in her mid-thirties, wearing blue jeans and a button down white shirt.

"Hi," she said, eyeing him. He was pushing fifty, she decided, with a finely wrinkled face. He was pale skinned from lack of sun. Probably, she decided, from working inside all day.

They looked at each other for a moment, then both reached for magazines. Stan noticed her left arm was missing up to the elbow. With her right hand she flipped through the lap-held magazine. He saw that her hand had all but the last digit, and sighed. He looked at his own hands. Both were down to a forefinger and a thumb on each hand.

He could not afford to lose any more digits.

Again, the phantom pain throbbed his invisible foot. He bent down to rub it, finding nothing there. Embarrassed, he looked up at Louise.

"Phantom, hum? I know all about that, believe you me. My arm'll just burn with pain sometime," Louise offered.

"Yeah. How long's your arm been spent?"

She thought for a moment. "Must be four years now, huh," she gave a short quick laugh, "seems like yesterday."

"Not something you get used to," Stan said, staring off.

"Something you have to get used to," she replied, watching him.

He recalled the amputation of his foot—not so much the physical aspect, since powerful anaesthetics were employed—but the emotional side, the loss and the grief, like a friend you'll never see again. Of course, there was always the possibility of financial change, of a turn for the better, of a grafting of a new left foot to replace the old one.

Chances were slim. He knew that. AM General wasn't about to give a 52 year old man a raise, let alone a promotion. His wife's real estate work wasn't netting much. And the children—Becky and Jan had their lives, their families, and their own frustrations.

Both girls had spent digits and ears on just establishing a home.

And Billy, little Billy. "Course fourteen isn't little," Stan thought, "but he's the baby of the family, the boy I always wanted, the one we—especially Dana—took the risk having." Pride and joy, that boy worth any expenditure.

But that's how it is these days, he thought, it's not anything specific you spend a limb on, not like the old days, when a deal was clean, you bought a car with a hand, you bought a house with an arm. Not anymore, he mused, you just lop something off for the damn bills, give up an eye or a damned kidney to make ends meet, got nothing to show for it but your loss.

"Hey," Louise called softly, "Hey, mister."

"Wh-what," he said, startled.

"You're purple, don't forget to breathe," she smiled.

"Oh," he said, embarrassed. "I, uh, got a lot on my mind."

"I'll say."

"Who's Billy?"

Stan was surprised, then remembered his eye patch button. "My boy. Fourteen."

"I've got a twelve year old and an eight year old," she announced proudly.

"Hmmm," he said, "You're about my oldest daughter's age. She's 31."

"I'm 33. And my name's Louise."

"Stan Drucker."

They smiled at each other.

"So, Stan, what're you in for today?"

"Uh, nothing major, more like a checkup, you know. You?"

She gestured toward the remaining half of her left arm.

"No," Stan said, sympathetic.

"Not doing much of anything anyway. Besides, health insurance for the three of us—my husband's been gone awhile now—is pretty vital. Plus my car needs new rings. But you know how things

are."

"Yeah," Stan said flatly.

"And I checked into it. It's not that much more for grafting on a whole arm, than it is for a half."

"It's the hand that runs you so damn much," Stan pointed out.

"Right, so I figure it's worth the risk."

He eyed her. "Where's your husband?"

"Florida. He's sending child support, but in today's world, it's peanuts."

"Peanuts," he echoed.

"Almost spent an eye one time," she said. "Couldn't bring myself to do it—no offense. Spent the hand instead."

He held up his sparsely fingered hands. "Need these for work." He mimed the screwing of bolts with his forefingers and thumbs. "Had to go for the eye." He recalled the accident a few years back, when Billy had been struck by the car.

"Where do you work?" Louise asked.

"AM General."

"You do? You know Otto Kinser?"

"Otto? You bet. But he's carburetor and I'm exhaust system. We don't cross paths much."

"Otto's such a character," she beamed. "He's my sister-in-law's dad."

Suddenly a patient exited the doctor's office, entering the waiting room. He was in his early twenties, a tall, thin, dark haired man with a bandage wrapped around his head. He walked up to the window where Harry took down some information. He steadied himself with a hand on the wall.

"Say, Buddy," Stan said, "Why don't you have a seat?"

"Uh, yeah," he said, somewhat dazed. He found a seat beside Louise and sat down.

Stan eyed him. He was well dressed, with a nice watch and a couple of rings. Fingers intact. They looked like the original fingers, though you could never tell for sure, Stan mused.

"Say, Buddy," Stan began, "first time?"

FLESH MASTERS by Matthew Finch



"How'd you know?"

"Just a guess. You all right?"

"I think so," he said.

"What's your name?" Louise asked. "I'm Louise."

"Rick."

"Stan."

A quick look told Rick that his new friends were well versed in amputation.

"Ear?" Louise asked the obvious.

"Yeah," Rick replied.

"Hope you spent it wisely," Stan said.

"Oh yeah," Rick said, perking up. "I sure hope so. Dirt bike."

"What?" Stan said, his mouth open.

"Dirt bike. A 550. Mountain wheels, bumble bee black and yellow—"

"You mean you spent an ear on a motorcycle?"

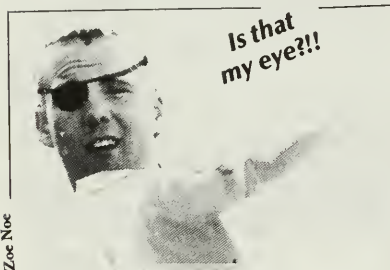
"Yeah," Rick said, standing up. "You got a problem with that?"

"Yeah, I do," Stan said, standing up also.

"Well it's none of your damn business, mister," he said, walking to Harry's window.

"A dirt bike," Stan said, "I'm trying to feed my family and you're buying a stupid toy."

"Stan," Louise cautioned.



Rick took his receipt from Harry.

"You better be careful, old man," he said, his lip quivering, "someone'll shut you up." A moment later, Rick was gone.

"Goddamn," Stan said. "Stupid kid."

"All the same, Stan," Louise said, "It isn't any of your business."

Harry leaned out the window. "It is, in fact, Dr. Pound's business, who employs me, Stan, so I would appreciate it if you quit alienating the customers."

"That's the point, Harry, we used to be patients, now we're customers," Stan said.

"Oh Jesus, Stan, what's the difference," Harry said, disgusted. "Now calm down. Dr. Pound will be ready to see you in a moment." He disappeared through his window.

Louise moved over to sit beside Stan. "You okay? You turn purple pretty easy."

"But the fool—"

"You're not gonna do that wife and

kids of yours any good having a heart attack, Stan."

He looked at her. "You're a good kid," he said.

She smiled.

Through the door walked a man, who stood in the waiting room, bewildered.

"Am I in the right place?" he asked, looking around.

He had a total of five arms: two extra in front and one that had been grafted onto his coccyx to simulate a tail. He stood steadily on a tripod of three thick legs. Four ears ringed his head. Two extra thumbs sat adjacent to the last digit. He turned to look at Stan and Louise with his three eyes, the third one in the middle of his forehead.

"Hello," he said, smiling his double row of teeth. "Is this the grafting clinic?"

Before Stan knew it he was standing directly beside the man. He stiffened, seeing the man turn purple.

"I see," he said slowly, "I am in the wrong place."

"Is that my eye?" Stan asked, pointing to the one in his forehead.

"I beg your pardon?" the man said.

"I recognize that eye."

"Stan, calm down—" Louise began.

"Excuse me," he said, "I believe it's the next door." He turned but Stan grabbed his back arm. "Mister, I don't believe you want this kind of trouble."

Harry leaned out the window. "Stan."

"You're not going anywhere," Stan told the man.

"Stan, let the man go," Harry said.

"Go what? Get another arm, another ear, how many does it take til it's enough?"

"How much do you need?"

"Look, mister," the well limbed man began.

"Shut up, Frankenstein—"

"Frankenstein?" he bellowed.

"You heard me—"

"You Limbecile," he yelled. "I've never been so insulted."

"You're looking at me through my own damn eye and you're insulted?"

"Stan, you don't know that's your eye," Louise said.

Stan turned to look at her.

"Come on, Stan," Harry said, "let the man be. Or I'm calling the police."

Stan turned to face the man. "Tell you what, Frank, why don't you wait right here? Huh? So you can get your parts fresh off the line, eh Frankie? There's an ear in there fresh as a daisy, and stick around, you'll have another eye to stick in your fat face—"

"An eye, Stan?" Louise broke in.

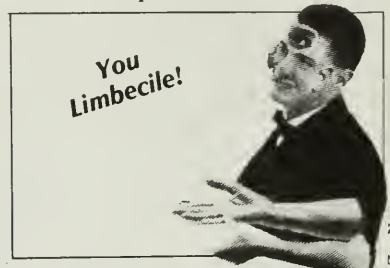
Stan turned to look at her.

"But, Stan, you said—how will you work with no eyes."

He raised his forefingers and thumbs into the air and screwed imaginary bolts.

"Tell you what," he said, turning to face the man. "Let's just perform the operation right now. Why don't you just reach in and grab it with your fingers."

"You're nuts," the man said. "It's not my fault you're a limbecile—you can't blame me." He started to walk to the door but Stan pulled him back.



"Just take it out. Take it out of my head, Frank, use your fingers, come on—"

The man shoved Stan away, then took a step. Stan was on him the next moment, but was quickly thrown to the side.

"Don't mess with me!" he yelled.

Stan hopped over to the man and swung, landing a blow on one of his ears. The man yelled out and swung two arms, sending Stan flying into one of the chairs.

"Stop it!" Louise said, rushing over to Stan.

There were sirens approaching.

"Stupid limbecile," the man muttered.

Stan got up, taking his crutches in hand. He faced the man. The sirens grew loud, stopping just outside. Stan turned and headed toward the doctor's rooms. Harry and Louise called out after him. He ducked into the first room he came to. He went to the window and opened it. As he started to climb out, he noticed something on a nearby table.

A box. He knew by sight that it was for carrying smaller limbs and organs. He quickly moved to it, and saw numerous packages. He didn't hesitate. He closed the box and headed out the window. Hopping furiously, one hand holding a crutch, the other holding the box, he sped down the sidewalk, onlookers watching in horror.

He heard someone yell, "Stop." He turned to see the police, fully limbed, racing toward him.

The box flew from his hand, its contents spilling on the sidewalk. He slipped and fell and layed there, breathing hard, among the eyes and the ears, the fingers and the tongues, a crowd gathering around him.



by Jim Poyser

The Man Who Loved Levittown

BOOK REVIEW

THE MAN WHO LOVED LEVITTOWN by W.D. Wetherell

Avon, 1987, \$3.95

Frustration, despair, and shallow, escapist dreams, such is the stuff of the stories that fill our fiction rejections folder at *PW*. Here we meet disposable people made smaller than life by the pettiness of their surroundings; people in fiberglass cages armored with fantasies of violence; people on assembly lines relating to others as harmful objects. Scratch a working stiff, their authors seem to argue, and you'll find thirst for revenge. It is as if the very condition of work precluded any finer passion than rage. Maybe imagination atrophies under fluorescent lights.

The most disturbing aspect of these stories, however, is not the misery they portray, but the fact that the characters are often too diminished in their humanity to be of any interest to the reader. Sometimes it feels that the authors themselves are the trapped personas they describe, but, being trapped, they lack the larger vision or spiritual depth their stories require. Identifying with characters is not the same as understanding them or showing compassion for their situation. On the other hand, one must search long and hard among contemporary writers to find one who attempts a sympathetic — but unsentimental — portrait of the working person.

The K-Mart/Condo ambience of a Raymond Carver or Frederick Barthelme is too ironic and sharp-edged for our purposes. Their Everyman stumbling along in supermarket parking lots loaded down with frozen dinners and six-packs of beer is a literary construction of what people might be like if they tried to be what they consumed or saw on television. The other side of the genre is Anne Beattie, with her decidedly unironic representations of the heartaches of the yuppie woman.

In sharp contrast to the irony and sentiment of Carver, Beattie and company stands W.D. Wetherell, who proves it is possible to write well and compassionately about people whose stories rarely reach us. I am speaking of blue-collar workers stranded in the post-industrial age. Max Apple probably had this interest in the proletariat in mind when he compared Wetherell, the author of *THE MAN WHO LOVED*

LEVITTOWN, to Sherwood Anderson, whose *WINESBERG, OHIO* appeared in the 1930s. Stylistically, he is more like John Updike than Anderson, but Updike's world is upwardly mobile and increasingly anachronistic.

The saying goes that you cannot judge a person until you have walked a mile in his shoes. In story after story, Wetherell eases you into his protagonists' shoes and then leaves you limping, but with respect for their owner's person. In the title story, the shoes belong to Tommy DiMaria, World War II vet, retired Grumman aircraft worker, who has lived in Long Island's Levittown for 32 years and doesn't want to move even though his old neighbors have long since retired to Florida, his wife is dead, and his children have grown up. As an old, working-class man occupying prime real estate he is an affront to the community of younger middle-class families.

The story is told in the first person with a lot of humor. He describes his first visit to Long Island right after the war, "Potato fields. Nothing but. French-fried heaven, not another car in sight. I stop at a diner for coffee. Farmers inside look me over like I'm the tax man come to collect. Bitter. Talking about how they were being run off their places by these new housing developments you saw advertised in the paper, which made me mad because here I am a young guy just trying to get started."

Graphic by Mark Beebe



The historical touch is eerie. Driving through Long Island now, it's impossible to imagine its wall-to-wall suburban communities ever having been farms. Likewise, in one deft line, Wetherell invokes the economic uncertainty of the immediate post-war period. When he approaches Levittown, the mass-produced houses are just being built, or better said, assembled. "Down the street is a quonset hut with a long line of men waiting out front, half of them still in uniform. Waiting for jobs I figure, like in the Depression ... here we go again." Then it finally hits him: "What these men are lined up for isn't work, it's homes!" Homes that cost \$7,000; only \$100 down if you were a vet. Still DiMaria had to work at two jobs and his wife had to wait tables for them to keep up with the mortgage payments.

DiMaria suffers from 50's nostalgia with a vengeance. Those were the years when he and his working class buddies helped each other raise families and put additions on to their houses. "There wasn't anything we wouldn't do for each other. Babysit, drive someone somewhere, maybe help out with a mortgage payment someone couldn't meet." But now it's the 80's, the \$7,000 house is worth \$55,000, and all the "pioneers" have long since sold out to middle-management types and retired to Florida. Only DiMaria remains. His neighbors keep pressuring him to move. They test his resolve to stay with screams and threats. His garbage is spilled, his mail stolen, they even arrange to have his house reassessed. Finally one neighbor purposely runs over his dog.

And still we are walking in his shoes. When he discovers who killed his dog, he plots his revenge. "I didn't do it right away. We had a tradition in the old days. You had a score to settle, you took your time. I waited for the first stormy night, went over there with two buckets of the cheapest red paint money could buy."

Then all of a sudden the shoes start hurting; our hero, it turns out, has painted a giant swastika on his Jewish neighbor's house. "There were pictures of it in the paper, editorials saying Levittown has gone to hell which was

true but for the wrong reasons."

Thirty years ago, the Northeast was called the Industrial Northeast and Americans were proud that workers could lead middle-class lives. At the time, it was not realized that this was merely a fluke in economic history. The story that follows "The Man Who Loved Levittown", relates a day in the life of a working man who might well be a Vietnam veteran.

"They had lasagna for Thanksgiving dinner that year. The meatless kind. From a can." So begins *If a Woodchuck Could Chuck Woodchuck*. Talk about misery: what could compare to the poverty of an unemployed worker's family in Maine? Mike's anger at his failure to feed his family or heat his house poisons the air like industrial pollution. He does not have to be in the house for his wife, or father, or 7-year-old son to feel it, and there's no appeasing it. When his father, Mike

Senior, a part-time janitor in Boston, visits for the holiday, he notices the house is being heated by a wood stove. This is an economy measure, since Mike can no longer afford to pay for oil for the furnace. Mike Senior tells him about his own grandfather's wood stove. "Mike sat on the couch nursing a beer. His face had hardened since the last time Mike Senior had seen him. There was something reproachful about his prematurely gray hair, his tired eyes. "You never showed me, Pop. You never taught me about wood stoves when I was small."

"It took Mike Senior off guard. The frowning. The green work pants he hadn't bothered to change out of. He wished Shawn would come back from wherever he was hiding. 'Well, no. Of course, because we didn't have one. We had a furnace.'"

Then Mike asks, "Was that the same grandfather whose brother starved to

death on the way out West?"

This is a frightening and frightened America, an America without heat or turkey on Thanksgiving, an America that squandered the good will of the Indians. This is an America without dreams—go West and starve to death. "Things will get better," Mike Senior whispers to his grandson. "I promise," the grandfather says, and the child finally found the word he was groping for all afternoon. "Liar!"

Wetherell may have already secured a place in American literary history as one of the first chroniclers of the depression of the 1980's. Meanwhile, here at *Processed World*, I am waiting for the still unwritten (or unpublished) story that perfectly captures the horror, and the humanity of the people behind the beige cubicle walls.



by Ana Logue

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